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North Riding of Yorkshire County Council

ANNUAL REPORT

OF THE

COUNTY MEDICAL OFFICER
OF HEALTH

FOR THE YEAR

1953

ERRATA

REPORT OF THE COUNTY MEDICAL OFFICER 1953

CONTENTS—

- after “ Nursing Homes ” insert
 “ Blind Persons 48.
 “ Nuisances ” delete page “ 64 ”
 “ Food & Drugs Acts ” add page “ 70 ”
- Page 6. Dr. W. G. MacArthur—Substitute
 “ 144, Front Street, Sowerby ” for
 “ Sowerby Grange.”
- „ 37. Diphtheria Immunisation—Substitute 53% for 62·5%
 Vaccinations. Substitute 23% for 22%
- „ 50. Northallerton Rural—delete 1 non-pulmonary case for 1953.
- „ 59. Croft Rural—Private supply—substitute 2 for 3.
- „ 64. Insert page number.

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CONTENTS.

	Page
Preface	4
Staff	5-7
Vital Statistics	8-12
Area	8
Cancer	11
Deaths and Death Rate	10
Extracts from Vital Statistics of the Year	9
Illegitimacy	10
Infantile Mortality	11
Infantile Paralysis	12
Live Births and Birth Rates	9
Measles	12
Maternal Mortality	31
Mortality at Different Ages from various causes	10-11
Population	9
Stillbirths	10
Social Conditions and Occupations	9
Whooping Cough	12
Administration	12-18
Scheme	12-14, 18
Co-ordination and co-operation with Other Authorities	15-16
Publicity	16
Joint use of Staff	16-17
Use of Voluntary Organisations	17
Care of Mothers and Young Children	19-27
Care of the Crippled Children	24-26
Care of Unmarried Mothers and Children	23
Care of premature Infants	19, 32
Clinics and Centres	19-23
Dental Care	26-27
Mobile Clinic	22-23
Provision of Maternity Outfits	21
Supply of Welfare Foods	21
Spastic Children	24-26

CONTENTS—continued.

	Page
Domiciliary Midwifery Service	28-33
Dangerous Drugs Regulations, 1950	33
Gas and Air Analgesia	33
Liability to be a source of Infection	31
Maternal Mortality	31
Medical Aid Records	30-31
Notification of Intention to Practise	30
Notification of Puerperal Pyrexia	32
Pemphigus Neonatorum	32
Premature Births	19, 32
Public Health (Ophthalmia Neonatorum) Amendment Regulations 1937	32
Staff—Training	29-30
Health Visiting	33-35
Child Life Protection and Adoption of Children	35
Review of the Work	33-34
Staff—Training	34
Home Nursing Service	35-36
Immunisation and Vaccination	36-37
Ambulance Service	38-39
New Stations	38
Purchase of New Vehicles	38
Staff	39
Volume of work	39
Prevention of Illness—Care and After-Care.	39-43
B.C.G. Vaccination	40
Care Committees	40
Chest Clinics	40
Convalescent Home Accommodation	41-42
Free Milk	40
Health Education	42-43
Mental Illness or Defectiveness	41
Other types of illness	41
Protection of children from Tuberculosis	42
Provision of Nursing Equipment and Apparatus	40-41
Shelters	40
Tuberculosis	39-40
Domestic Help Service	43-44
Mental Health Service	45-48
Occupation Centre and Classes	47
Mental Deficiency	45-47
Mental Illness and Lunacy	48

CONTENTS—continued.

	Page
Nursing Homes	48
Tuberculosis	49-52
Care and After-Care	51-52
Deaths and Death Rate	51
New Cases	49-50
Prevalence of Infectious Diseases	52
Venereal Diseases	53
Laboratory Facilities	53
Housing	54-56
Water Supplies	56-60
Sewerage and Sewage Disposal	61-62
Refuse Collection and Disposal	63-64
Nuisances	64-65
Inspection and Supervision of Food	66
Food Hygiene	66
Food Poisoning and Contamination	66
Food Poisoning—Notifications	66
Food and Drugs Acts	71
Milk Supplies	67-71
Milk (Special Designation) (Pasteurised and Sterilised Milk)	
Regulations, 1949-1953	67-68
School Milk Supplies	69-70
Statistical Tables	72-83

PREFACE.

To the Members of the North Riding of Yorkshire County Council.

Mr. Chairman, My Lord, Ladies and Gentlemen,

I have the honour to submit my report on the work of the Health Department of the County Council for the calendar year 1953.

It will be noted from the perusal of the statistics that whereas in 1949, the first year after the "appointed day" under the National Health Service Act, 61.6% of the births took place in the patients' homes, this number had fallen in 1953 to 38.5%. For purposes of comparison it is interesting to note that in 1947 only 9% of deliveries took place in hospital. Further comments on this subject are made on page 28 of this report.

I regret to record that two deaths from diphtheria took place during the year under review. These occurred in unimmunised children and illustrates the point made by the Chief Medical Officer of the Ministry of Health in a recent statement that a continued high percentage of immunisation is the only bulwark of the community against diphtheria which is still a serious disease among non-immunised children. The third case of diphtheria occurred in a nurse and was so mild that she was discharged from hospital within a few days.

The cost of the ambulance service has caused the Health Committee concern ; continued efforts are being made to encourage hospital staffs to look critically at every request for ambulance transport and to review at regular intervals the need of routine visitors to out-patient clinics for ambulance transport.

In conclusion I have to thank the Chairman and members of the County Health Committee for their support and help during the year under review. I also desire to acknowledge with gratitude the co-operation of my colleagues at County Hall and to thank the professional, technical, administrative and clerical staff of the medical department for their loyal assistance.

I have the honour to be,

Mr. Chairman, My Lord, Ladies and Gentlemen,

Your obedient servant,

J. A. FRASER,
County Medical Officer.

County Hall,
Northallerton,
October, 1954.

NORTH RIDING OF YORKSHIRE COUNTY COUNCIL.

ANNUAL REPORT OF THE COUNTY MEDICAL OFFICER OF HEALTH

For the Year 1953.

GENERAL PROVISION OF HEALTH SERVICES IN THE AREA.

STAFF OF COUNTY HEALTH DEPARTMENT (at 31/12/53).

County Medical Officer of Health	..	J. A. Fraser, M.B., CH.B., D.P.H.
Deputy County Medical Officer of Health	..	A. D. C. S. Cameron, M.B., CH.B., D.P.H.
Medical Officer for Maternity and Child Welfare	} ..	Marjorie J. M. Dow, M.B., CH.B., D.P.H.
Assistant Medical Officer—Mobile Maternity & Child Welfare Unit	} ..	Margaret C. Barnet, M.B., CH.B.
Chief Dental Officer	.. ..	.. S. Craven, L.D.S.
District Medical Officers of Health	..	.. See Table on pages 6 and 7.
Superintendent Nursing Officer	..	.. Frances S. Leader, S.R.N., S.C.M., H.V.CERT.
Deputy Superintendent Nursing Officer	..	.. Lilian Mann, S.R.N., S.C.M., H.V.CERT (from 1/8/53).
Chief County Health Inspector	..	.. G. D. Aspin, C.S.I.B., A.F.S.(E).
County Health Inspector	..	.. G. Collinson, M.R.S.I., D.P.A.
do	.. ..	.. R. Wharin, M.S.I.A.
Chief Clerk	.. ..	.. H. A. Roebuck, D.P.A.
County Ambulance Officer	..	.. J. Bedford, A.M.I.M.I.
Senior Sectional Clerks	..	.. T. A. Hutchinson Margaret Blair, D.P.A. A. R. Elliott W. E. Lloyd C. Rutherford (acting)

Area	County Districts	Assistant County Medical Officer	Medical Officer of Health for Sanitary Services
Thornaby	Thornaby Borough Stokesley R.D. . .	J. W. A. Rodgers, M.B., CH.B., D.P.H., Area Health Office, Francis Street, Thornaby-on-Tees.	J. W. A. Rodgers.
Eston . .	Eston U.D. . .	J. A. Dunlop, M.B. CH.B., D.P.H., Area Health Office, Cleveland House, Grangetown, Middlesbrough.	J. A. Dunlop.
Redcar . .	Redcar Borough Saltburn & Marske U.D.	H. Pattinson, M.B., CH.B., D.P.H., Area Health Office, "Teeswold," Coatham Road, Redcar.	H. Pattinson.
Guis- borough	Guisborough U.D. Loftus U.D. Skelton & Brotton U.D.	W. H. Butcher, V.R.D., M.A., D.M., D.P.H., Area Health Office, Brotton.	W. H. Butcher.
Whitby . .	Whitby U.D. . . Whitby R.D. . .	B. Schroeder, M.B., CH.B. D.P.H. Area Health Office, Grape Lane, Whitby.	B. Schroeder.
Ryedale . .	Malton U.D. Malton R.D. Pickering U.D. . . Pickering R.D. . . Helmsley R.D. . . Kirbymoorside R.D.	W. R. M. Couper, M.B., CH.B., D.P.H., Area Health Office, Hungate, Pickering	W. R. M. Couper
Bulmer . .	Easingwold R.D. Flaxton R.D. . . Thirsk R.D. . . Wath R.D. . .	H. Gray, M.D., CH.B., D.P.H. Area Health Office, Manor Road, Easingwold	H. Gray *W. G. MacArthur, M.B., Sowerby Grange, Thirsk *T. Carter Mitchell, M.R.C.S., Topcliffe, Thirsk

Area	County Districts	Assistant County Medical Officer	Medical Officer of Health for Sanitary Services
Wensley- dale	Northallerton U.D. Northallerton R.D. Aysgarth R.D. Leyburn R.D. Masham R.D.	W. Sharpe, M.B., CH.B., D.P.H., Area Health Office, Leyburn	W. Sharpe
	Bedale R.D. . .		*A. W. Hansell, M.B., Woodrow, Bedale
Richmond	Richmond Borough Richmond R.D. Croft R.D. Startforth R.D.	F. W. Gavin, M.D., CH.B., D.P.H., Corporation Offices, Richmond	F. W. Gavin
	Reeth R.D. . .		*W. C. Speirs, M.B., Langhorne House, Reeth, Richmond
Scar- borough	Scarborough Borough Scalby U.D. Scarborough R.D.	W. G. Evans, M.B., CH.B., D.P.H., Area Health Office, King Street, Scarborough	W. G. Evans (also Divisional School Medical Officer) Elizabeth R. Cameron, M.B., CH.B., D.P.H., Deputy M.O.H., Borough of Scarborough

* The above officers were not debarred by their terms of appointment from private medical practice.

STATISTICS AND SOCIAL CONDITIONS OF THE AREA.

GENERAL STATISTICS.

Area (in acres)	..	..	..	..	..	1,354,391
Number of inhabited houses (Census 1931)	..	..	..	..	..	77,134
Number of families or separate occupiers (1931)	..	..	..	..	..	77,877
Average number of persons per house (Census 1931)	..	..	..	..	..	4.29
Population (Census 1931)						
Urban Districts	182,279	}				
Rural Districts	148,822		..	..	..	331,101
Population (Census 1951)						
Urban Districts	204,394	}				
Rural Districts	173,766		..	..	..	378,160
Population (estimated to mid year 1953)						
Urban Districts	204,940	}				
Rural Districts	173,260		..	..	..	378,200
Rateable Value (1st April, 1954)	..	..	..	..	..	£2,411,873
Estimated product of a penny rate	..	..	..	..	..	£9,576

Area.

The North Riding of Yorkshire is the third county in order of size in England, its acreage being 1,354,391. Its geographical character varies from the populous industrial district adjacent to the County Borough of Middlesbrough to the sparsely populated dales and moorland districts; there are also smaller aggregations of population in inland districts and on the seaboard which forms the eastern boundary of the Riding: North of York too, there are heavily populated parishes in the Flaxton Rural District.

The administrative county includes four municipal boroughs (Redcar, Richmond, Scarborough and Thornaby-on-Tees), ten urban districts and twenty rural districts.

In nearly its whole length, the northern boundary is formed by the river Tees, separating the Riding from the County of Durham; the eastern boundary is the seaboard; on its southern boundary the Riding abuts on the East and West Ridings and the City of York; on its western side is the Pennine Chain and the Lake District. Running almost north and south from Cleveland to the Vale of York is a range of hills known in its first portion as the Cleveland Hills and merging into the Hambleton Hills. In the western portion there are three main dales—these are Teesdale, Swaledale and Wensleydale proceeding from north to south.

Population.

The population as estimated by the Registrar General at mid-year 1953, is set out in the table below ; the population for the years 1931, 1938, 1950, 1951 and 1952 are also shown for comparative purposes :—

Year.	Urban Population	Rural Population	Total
1931	.. 182,279	148,822	331,101
1938	.. 186,000	147,500	333,500
1950	.. 204,324	171,853	376,177
1951	.. 203,100	175,900	379,000
1952	.. 201,900	176,100	378,000
1953	.. 204,940	173,260	378,200

Social Conditions and Occupations.

The main industries in the north-eastern part of the Riding are ironstone mining, the manufacture of steel and heavy chemicals : the latter industry is being rapidly developed. On the seaboard there are many holiday resorts ; and in the rural districts agriculture and allied industries provide employment for many.

Extracts from Vital Statistics of the Year.

		Total	M	F	
Live Births	<div> <div> <div>Legitimate</div> <div>Illegitimate</div> </div> </div>	5,871 254	3,015 137	2,856 117	Birth rate per 1,000 of the estimated home population 16·2.
Still births	..	133	66	67	
Deaths	..	4,287	2,223	2,064	Rate per 1,000 total (live and still) births 21·25. Death rate per 1,000 of the estimated home population 11·3

	Deaths	Rate per 1,000 total (live and still) births
Deaths from pregnancy, childbirth, abortion	.. 2	·32
Death rate of infants under 1 year of age :		
All infants per 1,000 live births	.. ..	30·2
Legitimate infants per 1,000 legitimate live births		29·3
Illegitimate infants per 1,000 illegitimate live births		51·2
Deaths from measles (all ages)	.. ..	3
Deaths from whooping cough (all ages)	..	Nil

Live Births and Birth Rates.

During the year ended 31st December, 1953, the live births registered in and belonging to the Riding numbered 6,125 (172 births more than the previous year, an increase of 2·89%).

The birth rate for the Riding as a whole was 16·2 (per 1,000 estimated population), being higher than the rate for England and Wales—15·5.

Particulars of the rates in the several sanitary districts of the Riding are shown in Table I of the statistical tables appended to this report.

Illegitimacy.

The number of illegitimate live births registered during the year was the same as in the previous year. During 1953, 254 such births were registered (50 less than in 1951) ; the position shows a marked improvement on 1944 and 1945 when the number was 462 and 547 respectively.

On the basis of population the illegitimate birth rate was .67 compared with .80 in 1951 and .71 in 1950, the rate per 1,000 live births being 41.47 as compared with 42.67 in 1952 and 49.68 in 1951.

Stillbirths.

The number of stillbirths registered in 1953 was 133 (a decrease of 6 on the previous year). Further analysis of these figures into sexes indicates that there were 66 male and 67 female stillbirths. The rate per 1,000 total births was 21.25 in 1953 ; this rate compares with 22.82 for 1952 and 22.99 in 1951.

Deaths and Death Rates.

During 1953 the total number of deaths registered for the Riding was 4,287 (2,223 males and 2,064 females). The total figure gives an annual death rate of 11.3 in 1953 (per 1,000 estimated population), which is slightly higher than the figure (11.2) for the previous year ; in terms of urban and rural districts the death rates for the seven years ended 31st December, 1953, were as follows :—

		Death Rates.						
		1947	1948	1949	1950	1951	1952	1953
North Riding :								
Urban Districts	..	13.3	12.1	13.1	13.0	13.8	12.3	12.2
Rural Districts	..	12.7	11.5	12.0	10.8	11.3	9.9	10.3
Administrative County	..	13.0	11.8	12.6	12.0	12.6	11.2	11.3
England and Wales	..	12.0	10.8	11.7	11.6	12.5	11.3	11.4

The particulars of the number of deaths and the rates in the several sanitary districts are tabulated at the end of this report.

Mortality at Different Ages from various Causes.

The details supplied by the Registrar General are shewn on Table 3 at the end of this report.

The principal causes of death in the County during 1953 were as follows, the figures for 1952 being also given.

		1952	1953
Influenza	..	5	30
Heart diseases	..	1,597	1,530
Other circulatory diseases	..	177	168
Bronchitis	..	124	140
Pneumonia	..	112	158
Congenital Malformations	..	23	27
Tuberculosis of the respiratory system	..	60	42
Tuberculosis (other forms)	..	9	17
Cancer, malignant disease	..	700	696
Vascular lesions of nervous system	..	617	635
Nephritis and nephrosis	..	52	46

The position in the various sanitary districts is set out fully in Tables 4, 5, 6 and 8, but it is of interest to note that the deaths ascribed to diphtheria in the County were one each for the years 1948 and 1949, none for 1950/52, two in 1953, compared with 11 in 1938.

Cancer, Malignant Disease.

Cancer was again responsible for approximately 700 deaths in the Riding and the following tabular statement shows the position for the last ten years :—

DEATHS AND DEATH RATES FROM CANCER.

Year.	Total Number of Deaths.			Death rate per 1,000 population.			
	County.	Urban Districts.	Rural Districts.	County.	Urban Districts.	Rural Districts.	England & Wales.
1944 ..	546	332	214	1.73	1.90	1.52	1.90
1945 ..	593	352	241	1.89	1.99	1.76	1.94
1946 ..	581	357	224	1.75	1.89	1.57	1.84
1947 ..	586	340	246	1.73	1.76	1.69	1.85
1948 ..	624	373	251	1.77	1.86	1.65	1.86
1949 ..	633	390	243	1.79	1.93	1.61	1.87
1950 ..	626	352	274	1.66	1.72	1.59	1.89
1951 ..	646	403	243	1.70	1.98	1.38	1.96
1952 ..	700	431	269	1.85	2.13	1.53	1.99
1953 ..	696	442	254	1.84	2.16	1.47	1.99

Infantile Mortality.

There was an increase in the number of deaths of infants under 1 year, the total number for the year under review being 185, an increase of 25 compared with the previous year. The infantile mortality rate of 30.2 compares with 26.9 for the previous year and 26.8 for England and Wales.

The following table shows the infant mortality rates for the last 10 years.

Year.	Urban Districts.	Rural Districts	Administrative County	England & Wales
1944 ..	41.7	41.1	41.4	46.0
1945 ..	55.6	54.4	55.1	46.0
1946 ..	40.1	31.5	36.5	43.0
1947 ..	46.2	42.3	41.6	41.0
1948 ..	38.8	37.2	38.1	34.0
1949 ..	41.7	36.1	39.3	32.0
1950 ..	36.0	34.2	35.2	29.8
1951 ..	38.5	27.3	33.7	29.6
1952 ..	24.3	30.1	26.9	27.6
1953 ..	33.0	26.8	30.2	26.8

The main causes of deaths among children under one year of age were as follows :—

	1953
Congenital malformations ..	22
Pneumonia ..	35
Bronchitis ..	2

Measles.

There were 3 deaths from this cause during the year, there being no deaths in the previous year. The following shows the deaths ascribed to measles for the past ten years :—

1944	1945	1946	1947	1948	1949	1950	1951	1952	1953
2	6	1	5	3	4	3	6	Nil	3

Whooping Cough.

There were no deaths from whooping cough during 1953, compared with 1 in 1952 and 6 in 1951.

Infantile Paralysis.

One death occurred in 1953 from the group of diseases which are usually known as infantile paralysis, compared with 4 in 1952 and 5 in 1951. There were 27 notifications for this disease in 1953 as compared with 47 in 1952 and 29 in 1951. The responsibility for treatment of paralytic conditions of this kind lies with the Regional Hospital Boards, but after the receipt of each notification enquiries were made into the sanitary conditions, particularly the disposal of excreta and refuse, and the possibility of nuisances from cesspits and stagnant water in ditches. Action, when necessary, was taken by the local sanitary authority concerned.

ADMINISTRATION.**Scheme.**

The Committee decided in preparing their schemes under Section 20 of the National Health Service Act, 1946 to set up a divisional administration through the medium of area sub-committees and the method of selection of these sub-committees is set out on page 19.

Decentralisation operates over the whole county in the day-to-day administration of the following services :—

- (a) the care of mothers and young children ;
- (b) the control of nursing services (supervisory staff excepted) ;
- (c) the provision and the continuance of home helps ;
- (d) the operation of the diphtheria immunisation and vaccination scheme ;
- (e) the prevention of illness, care and after care (save where at the wish of the area sub-committee this function has been handed over to voluntary organisations) ;
- (f) the supervision of the efficiency of the local ambulance service and the appointment of personnel at station level ;
- (g) the appointment of nurses, home helps and other persons working within the area.

In accordance with the scheme of delegation and the Standing Orders of the County Council, the following functions are reserved to the Central Administration (Finance Committee and/or Health Committee as the case may be) :—

- (a) the power of raising a rate ;
- (b) the power of borrowing money ;
- (c) the alteration or revocation of this scheme ;
- (d) the purchase, leasing or sale of any land or buildings ;
- (e) the appointment of clerical staff and of officers of the County Council except those referred to above ;
- (f) the dismissal of any officer or employee ;
- (g) the revision of any scale of salaries or wages which has been approved by the County Council ;
- (h) the preparation and modification of any proposal required by the National Health Service Act, 1946.

It will be seen, therefore, that a real effort has been made to incorporate local representatives in the sub-committees to give them an opportunity to build up a sound and economical service and to make use of their local knowledge to remedy defects and eliminate abuses. The decentralisation scheme can be said to have worked reasonably well within these limits.

The Mental Health Services Sub-Committee, however, have functions which are an exception to this decentralisation. The executive medical officers in the areas and the local sub-committees were consulted in 1948 and both officers and members felt it was desirable that the care of the mentally ill and mentally defective should not be decentralised, but should be retained under a central committee composed of persons with special knowledge of the problems and the care, both in the community and in institutions, of such defectives.

CO-ORDINATION AT OFFICER LEVEL is provided in that the scheme for whole-time medical officers of health prepared by the County Council under Section 111 of the Local Government Act, 1933, provided the basis of each area sub-committee ; in the case of the Scarborough area the medical officer of health of the three sanitary districts acts as divisional school medical officer and executive medical officer to the local health sub-committee as well as medical officer of health. In the other nine areas each assistant county medical officer is (or will be in due course) medical officer of health of all districts in his area and acts also as a local school medical officer ; he is assisted by one senior and one General Division clerk. District health offices are established at centres shown in the table below—

No.	Area	Constituent Authorities	Population Preliminary 1951 census figures	Area Health Office at
1	Thornaby ..	Thornaby Borough .. Stokesley R.D.	41,335	Health Centre, Francis Street, Thornaby-on-Tees.
2	Eston ..	Eston U.D. ..	33,315	Cleveland House, Grangetown.
3	Redcar ..	Redcar Borough .. Saltburn & Marske U.D.	35,940	" Teeswold," Coatham Road, Redcar.
4	Guisborough	Guisborough U.D. .. Loftus U.D. Skelton & Brotton U.D.	29,031	The Annexe, " The Close," Brotton.
5	Whitby ..	Whitby U.D. .. Whitby R.D.	23,554	Grape Lane, Whitby.
6	Ryedale ..	Malton U.D. .. Pickering U.D. Helmsley R.D. Kirbymoorside R.D. Malton R.D. Pickering R.D.	28,781	Hungate, Pickering.
7	Bulmer ..	Easingwold R.D. .. Flaxton R.D. Thirsk R.D. Wath R.D.	49,025	Manor Road, Easingwold.
8	Wensleydale	Northallerton U.D. .. Aysgarth R.D. Bedale R.D. Leyburn R.D. Masham R.D. Northallerton R.D.	33,961	Thornborough Hall, Leyburn.
9	Richmond ..	Richmond Borough .. Croft R.D. Reeth R.D. Richmond R.D. Startforth R.D.	44,790	Corporation Offices, Frenchgate, Richmond
10	Scarborough..	Scarborough B. .. Scalby U.D. Scarborough R.D.	58,428	Health Department, King Street, Scarborough.

Co-ordination and Co-operation with other authorities and other parts of the National Health Service.

(a) WITH OTHER AUTHORITIES.

Arrangements exist whereby the North Riding defectives have attended at occupation centres in Middlesbrough and York. North Riding residents attend a welfare centre just outside the City boundary on an estate owned by the York City Council and jointly staffed by officers of the two authorities, and North Riding women and children attend clinics in Darlington County Borough, Durham County, and the West Riding of Yorkshire ; the appropriate financial adjustments are made.

There is close operational working between the ambulances of the neighbouring local health authorities, particularly when mutual aid has been provided as in the case of railway accidents and in other times of emergency.

(b) WITH OTHER PARTS OF THE NATIONAL HEALTH SERVICE.

The first point worthy of mention is that there is a small common membership of the County Council and of the Regional Hospital Boards and Hospital Management Committees ; it is regretted in this connection that the number of North Riding members of the Committees of the Tees-side groups of hospitals is minimal. This is unfortunate having regard to the fact that the population in the North Riding within easy reach of Middlesbrough is equal to that of the County Borough itself.

As regards the medical services, the County Medical Officer is a member of the Local Medical Committee, appointed under the National Health Service Act and in addition meets officers of the Regional Hospital Boards quarterly and more frequently if necessary. It is in this field that the only real deterioration of the service has taken place ; before 5th July, 1948, all hospital secretaries who desired payment for school children patients under the provisions of the Education Act, 1944, sent to the school medical officer a list of admissions and discharges of children. This list was of great value to the school health staff and to the enquiry officers of the Authority ; medical practitioners were not troubled regarding certification of these children. Now it is exceptional, save in the case of the infectious disease units, to receive any information at all regarding children.

The assistant county medical officers in the eastern part of the Riding are co-operating fully in a scheme for the selection of chronic sick persons for admission to the appropriate wards in the Scarborough and Bridlington group of hospitals ; in the case of the Scarborough area too, the local medical officer and his staff of health visitors and midwives play an active part in the selection of maternity cases for admission to the two units on social grounds. The position in other parts of the Riding, where it is not always the most needy cases who are admitted to the maternity units, shows some improvement during the last 18 months.

The health visitors of the Riding co-operate with the chest physicians in preparing reports on the home circumstances and cases referred to them and in certain areas a closer link exists as the health visitors attend at dispensary sessions. Where practicable, one nurse undertakes all the home

visiting for tuberculous persons in an area : otherwise the general duty health visitors do the necessary visitation. The midwives and nurses employed by the County Council co-operate fully with practitioners and receive their instructions about treatment from the doctors in charge of the cases, although for purpose of discipline and administration, they are under the control of the area medical officers.

At Saltburn, the Regional Hospital Board's consultants hold weekly an ante-natal clinic in a new county multipurpose clinic opened in October, 1952. No charge is made to the Hospital Management Committee for this service as County Council patients may also attend the same clinic though they are not applying for admission to the local maternity unit.

Publicity.

A comprehensive calendar has been prepared showing the clinic service available in each of the ten administrative areas ; this is printed, and circulated to all general medical practitioners as well as to members of the County Council's medical and nursing staffs, head teachers and other interested parties. No guide to the local health service available for distribution to the general public has been prepared because of the difficulties peculiar to a large area with very varied services provided on the one hand by the County Council and on the other hand by the two Regional Hospital Boards, but the medical and nursing staff of the County Council is encouraged to give every help to persons desiring to avail themselves of the general health service. In the case of ambulances, of course, there is no need to publicise the service ; the problem of the administrator is to prevent abuse !

Joint use of Staff.

In certain areas of the Riding medical men in general practice undertake sessional work for the authority at 34 infant welfare centres ; in addition, several married women practitioners act as medical officers to centres on the same financial basis. At present there is no formal scheme for the employment of medical or other staff employed by the authority to work part-time in the hospital service but the chest physicians of the Regional Boards do have functions in relation to prevention of illness, care and after-care. It is interesting to note that the Education Committee has recently agreed to one of the assistant school medical officers undertaking a weekly session in an ear, nose and throat department ; this arrangement is intended to accelerate the examination of children found to be hard of hearing or to have impaired hearing at the surveys held in schools by the audiometric nurse.

For some years an ear, nose and throat specialist has attended at intervals at one of the County Council's clinics on Tees-side to deal with cases of discharging ears which do not react to treatment from practitioners or at school clinics ; since the " appointed day " this consultant has arranged for these children to receive operative treatment in a hospital without charge to the authority. Previous to 1948, similar children were treated at the cost of the authority either in nursing homes or in hospitals according to the demand on beds. Now there is some delay in the treatment of such cases referred to hospitals by family practitioners. If the latter have reason to believe that the education of the child is suffering by reason of the ear condition or because of frequent attacks of tonsillitis, they do not hesitate to write to the school medical officers regarding the delay in treating their patients.

The Regional Hospital Boards also provide specialist services without charge to the authority in connection with psychiatry, mental deficiency, and ophthalmic conditions as well as ear, nose and throat and chest work.

In the special sphere of crippled children the pre-1948 arrangements still apply whereby Mr. Crockatt and Dr. Adamson of the Adela Shaw Orthopaedic Hospital attend special clinics held in numerous places throughout the Ridings. Family practitioners, as well as school medical officers, refer children to these clinics ; the Education Committee has provided two specially trained orthopaedic after-care sisters to attend at these clinics, to hold separate sessions between the orthopaedic surgeon's visits, to renew plasters, adjust splints and supervise the after-care of children suffering from crippling defects by visits to the homes and schools. In this way there is a constant link between the school, the school health service and the home of the patient with immediate access to a special hospital when conditions require admission. The County Council, as local education authority, has also provided a special school for physically handicapped pupils at Welburn Hall, near Kirbymoorside, and the orthopaedic surgeons named give fortnightly sessions at this school without charge to the authority.

Use of voluntary organisations.

In general, the local health authority uses voluntary organisations where such bodies can do the work satisfactorily and with less formality than officers of the Council ; for example, in the delicate matter of the care of the unmarried mother and the adoption of children, the County Council makes grants to various Diocesan bodies who provide after-care workers and make arrangements in connection with admissions to hostels and allied matters. The charges for the use of the hostels are now generally made on a customer basis. The County Council has also used the Scarborough Council for Social Service in connection with tuberculosis after-care and has had contractual arrangements with the St. John Ambulance Brigade and the British Red Cross Society for the provision of ambulance services.

SCHEME OF DIVISIONAL ADMINISTRATION BY AREA SUB-COMMITTEES.

Name of Area (1)	Names of County Districts comprised in the Area. (2)	Number of members of the County Council appointed by the Health Committee. (3)	Number of members of District Councils appointed by the Councils of the Districts named in Col. 2. (4)	Number of per- sons not being elected mem- bers of the County Council or of District Councils, appointed by the Health Committee. (5)	Total number member (6)
Thornaby ..	Thornaby B. } Stokesley R.D. }	3	4 } 2 }	6	15
Eston ..	Eston U.D. ..	4	5	6	15
Redcar ..	Redcar B } Saltburn & Marske U.D. }	3	4 } 2 }	6	15
Guisborough ..	Guisborough U.D. } Loftus U.D. } Skelton & Brotton U.D. }	2	2 } 2 } 3 }	6	15
Whitby ..	Whitby U.D. } Whitby R.D. }	3	3 } 3 }	6	15
Ryedale ..	Malton U.D. } Pickering U.D. } Helmsley R.D. } Kirbymoorside R.D. } Malton R.D. } Pickering R.D. }	3	1 } 1 } 1 } 1 } 1 } 1 }	6	15
Bulmer ..	Easingwold R.D. } Flaxton R.D. } Thirsk R.D. } Wath R.D. }	2	2 } 2 } 2 } 1 }	6	15
Wensleydale ..	Northallerton U.D. } Aysgarth R.D. } Bedale R.D. } Leyburn R.D. } Masham R.D. } Northallerton R.D. }	3	1 } 1 } 1 } 1 } 1 } 1 }	6	15
Richmond ..	Richmond B. } Croft R.D. } Reeth R.D. } Richmond R.D. } Startforth R.D. }	2	2 } 1 } 1 } 2 } 1 }	6	15
Scarborough ..	Scarborough B. } Scalby U.D. } Scarborough R.D. }	2	5 } 1 } 1 }	6	15

The above scheme of delegation was approved by the County Council on the 3rd December, 1911

CARE OF MOTHERS AND BABIES.

A circular was issued on the 5th March, 1953, by the Ministry of Health drawing attention to the need for continuity in the care of mothers and babies and indicated some of the necessary measures of co-operation between hospital authorities, local health authorities and general practitioners. The Ministry indicated that the major responsibility in this matter rests with the local health authority ; the duties of the latter under the National Health Service Act, 1946, imply a continuity of care by the local health authority from the first confirmation of pregnancy until the attainment by the child of the age of five years or its earlier attendance at a primary school. Advice is given on the measures necessary to establish co-ordination of effort by all authorities concerned in order to ensure that the best possible care is provided for both mother and baby. In most areas in this Riding, a satisfactory degree of co-operation has been established with hospital authorities and with general practitioners : the co-operation between health visitors and general practitioners is particularly good in the rural areas where each nurse has three-fold duties in order to save travelling time and expense. It is least effective in those areas where the multiplicity of general practitioners makes co-operation difficult. The coming of group practice with its subsidiary zoning of districts may do a great deal to remedy the difficulty of securing co-ordination with the present set up. One can visualise one doctor's area of practice to be almost co-terminous with that of two health visitors. Some hospitals have medical staff who are much more helpful than others in sending copies of relevant letters which indicate the need for special nursing procedures, after care, or special educational treatment. Unfortunately few hospitals have adopted the standard form of triplicate discharge report which was designed in Leeds by a group of medical officers, consultants, and a panel of general practitioners.

At 90 places in the Riding, child welfare sessions are held as compared with 86 in 1952 and 55 in 1947. In 26 out of the 90 centres, ante-natal patients are also examined. The total number of attendances at infant welfare centres remained comparatively static, the total attendances at infant welfare centres in the administrative county in 1953 being 62,425 as compared with 63,193 in 1952 and 62,441 in 1951. As regards the care of premature infants, provision has been made for the loan of certain equipment and two nurses have been given a special course of training in the care of these infants.

Centres were opened during the year at Sandhutton (York), Kirby Hill, Oswaldkirk and a voluntary centre at Thornaby R.A.F. Station. In September, 1953, the infant welfare and ante-natal clinic at Northallerton was transferred to premises owned by the County Council in Zetland Street. The school health and dental clinics (including a fully equipped and staffed dental laboratory) were also transferred to the newly adapted building. Orthopaedic and eye clinics held by the Education Committee are available to children under five years of age not attending a maintained school. Speech therapy classes for school children are also held in the same premises. A fully equipped dental surgery, including x-ray apparatus, was established as part of the scheme of adaptation, and treatment is available to expectant and nursing mothers and children not yet attending school.

The average annual attendance per county administered centre is 694 compared with 735 in the previous year. The average number per session is 31 as against 33 in 1952. The following table gives numerical details of the clinics held, the persons who attended and the attendances for the year 1953.

INFANT WELFARE CENTRES.

Area No.	Number of centres provided at end of year	Number of Child Welfare sessions held during the year	Number of children who first attended a centre during the year, and who at their first attendance were under 1 year of age	Number of children who attended during the year and who were born in :			Total Number of children who attended during the year	Number of attendances during the year made by children who at the date of attendance were :		
				1953	1952	1951-48		Under 1 year	1 but under 2	2 but under 5
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)
1	9	272	488	412	410	297	1,119	5,828	1,713	918
2	3	153	500	396	334	255	985	6,073	644	657
3	4	152	413	388	279	256	923	5,467	773	1,028
4	7	166	373	319	444	282	1,045	3,652	1,014	1,097
5	4	101	127	110	102	125	337	1,411	648	490
6	13	151	267	169	195	346	710	1,391	887	1,552
7	26	418	589	511	533	985	2,029	4,681	2,244	3,320
8	10	167	247	194	205	356	755	1,947	980	1,421
9	8	145	382	322	296	332	950	3,470	1,009	1,200
10	6	286	491	491	509	479	1,479	4,872	994	1,044
Total	90	2,011	3,877	3,312	3,307	3,713	10,332	38,792	10,906	12,727

In addition North Riding children attended centres established by neighbouring authorities in adjacent areas as follows :—

Barnard Castle	26	12	7	6	4	17	46	9	7
Darlington ..	624	7	7	2	2	11	30	2	4
Middleton-in-Teesdale ..	24	7	6	2	4	12	22	3	16
York ..	50	1	1	—	—	1	1	—	—
Total ..	724	27	21	10	10	41	99	14	27

Supply of Dried Milks during 1953.

The arrangements made in co-operation with the Ministry of Food varied considerably between one area and another. In many rural areas the nurse (or in the case of a mobile clinic the clerk/driver) takes supplies of National Dried Milk to the sessions of the infant welfare centre. The arrangements made for the supply of proprietary dried milks and other nutrients vary between centres according to the clinical views of the medical officer in attendance. Every encouragement is given to mothers to take up supplies of cod liver oil and other vitamin foods for personal use or for their children.

Care of Expectant and Nursing Mothers and Children under School Age.

The development in connection with the provision of ante-natal care in the community has been maintained ; the arrangements whereby consultants of the regional hospital board use the county council clinic at Saltburn for ante-natal sessions primarily for women seeking admission to Overdene Maternity Home have been extended and it seems probable that this service has come to stay.

Ante-natal clinics are held on premises owned or rented by the County Council at 42 places in the Riding either separately or in conjunction with infant welfare sessions ; these are staffed by medical officers with special experience in this type of work.

Specimens of blood are taken at all the County Council ante-natal clinics for transmission to the pathological laboratories set up either in the hospital service or in the Regional Blood Transfusion Service. In certain areas, practitioners refer patients to the ante-natal clinic so that blood specimens can be taken. Although 8 fewer ante-natal sessions were held, the number of women who attended increased from 1,389 to 2,145. The total number of ante-natal attendances at North Riding clinics increased by 2,801, which is 100 less than the peak figure of 1948. In addition a larger number of attendances were made by mothers from the North Riding at the ante-natal clinic in York.

As regards mothercraft training, this is one of the essential services provided at ante-natal and infant welfare clinics. Frequently the absence of such teaching at general practitioners own ante-natal sessions is the main difference between a private ante-natal clinic and one operated by the local authority. Film strips, posters, leaflets and models have been used to illustrate the points in the talks given by medical officers and health visitors.

As regards maternity outfits, these are provided through clinics and through midwives for women who intend to have a domiciliary confinement. Each of the ten divisional offices has some accommodation for storage ; in addition, midwives often hold two or three spare outfits in their houses. Application has been made by practitioners for the supply of these outfits to women who have made private arrangements for delivery in a private nursing home but these requests have been refused. The outfit supplied includes all the items set out in the appropriate Ministry's circular.

Special sessions were held at Redcar, Scarborough, South Bank and Thornaby-on-Tees for those post-parturient women who desired post-natal examination by a woman medical officer.

Item	1950		1951		1952		1953	
	Ante-Natal	Post-Natal	Ante-Natal	Post-Natal	Ante-Natal	Post-Natal	Ante-Natal	Post-Natal
No. of Clinics ..	24	4	32	4	39	4	42	4
No. of Sessions ..	662	136	706	126	994	140	986	133
No. of Women who attended ..	2,029	171	1,493	96	1,389	100	2,145	90
Total No. of Attendances	6,571	202	5,398	116	4,795	116	7,596	106

In addition to the above, North Riding expectant mothers attended ante-natal clinics at York and Ripon, and the following details refer to these two clinics :—

	1950		1951		1952		1953	
	York	Ripon	York	Ripon	York	Ripon	York	Ripon
No. of Women who attended ..	15	17	32	14	52	13	56	9
Total No. of Attendances	116	50	334	42	253	43	307	22

Mobile Infant Welfare and Ante-Natal Unit.

Many of the rural villages and outlying hamlets in the North Riding within a radius of 25 miles of New Earswick are provided with a good service by means of a mobile clinic presented to the County Council in 1949 by the Joseph Rowntree Village Trust ; this unit, during the year under review, was drawn by a 30 h.p. Ford Pilot car. The unit is staffed by an assistant county medical officer (female), a qualified health visitor and a driver/clerk. Waiting rooms are hired in villages for the use of those awaiting examination and advice. The car is also used for the purpose of transporting mothers and children from hamlets and outlying dwellings to and from the unit which is usually drawn up alongside a hired waiting room in one of the larger villages. The attendances are set out in the following table ; these attendances are also aggregated with those for static centres given on page 20.

	1952	1953
Clinics	19	22
Sessions held during the year	447	526
Expectant Mothers, Nursing Mothers and/or children using the service	1,200	1,527
Total number of attendances	6,097	7,417

In many rural areas special transport is hired to convey mothers and young children to centres established in nearby townships. In 1953, 25 centres were provided with this additional service. Sessions are held weekly, fortnightly or monthly, depending upon the need and the availability of staff and premises. Medical advice was available to mothers at all centres either from whole-time medical officers or from part-time local medical practitioners who were paid sessional fees. Qualified nursing staff were in attendance at all sessions.

Care of Unmarried Mothers and their Babies.

Grants were made to the following moral welfare associations who gave, through their paid and voluntary workers, valuable help and advice to expectant and nursing unmarried mothers :—York Diocesan Association for Moral Welfare (York and North Riding Branch) ; York Diocesan Preventative and Rescue Association (Middlesbrough Branch) ; Cleveland Association for Moral Welfare ; Scarborough Moral Welfare Association ; Whitby Moral Welfare Association.

The following gives details of unmarried mothers for whom accommodation was provided in mother and baby hostels :—

Name of Hostel	No. of Unmarried mothers for whom accommodation was provided		
	1951	1952	1953
Diocesan Association for Moral Welfare, Heworth Moor House, Heworth Green, York	30	31	28
*Diocesan Association for Moral Welfare, 21, Albemarle Crescent, Scarborough	26	Nil	20

* Home closed from April, 1952 to January, 1953.

In addition to the above, 13 patients were admitted during the year 1953 to mother and baby homes at Leeds, Hull, Liverpool, Carlisle, Newcastle and Harrogate. The social workers employed by the diocesan associations gave excellent service in this branch of public health.

The Care of Crippled Children (pre-school age groups).

Orthopaedic clinics, attended by an orthopaedic surgeon, were held in premises provided by the County Council at Thornaby, South Bank, Saltburn, Guisborough, Redcar, Carlin How, Whitby, Malton, Northallerton, Richmond and Scarborough ; clinics were also held at the Adela Shaw Orthopaedic Hospital, Kirbymoorside and by arrangement with the York City Council in the York School Clinic.

Some 388 children attended orthopaedic clinics during the year ; of these 201 were new cases. The total number of attendances at these clinics during the year was 1,028.

Children over the age of two years who are materially handicapped by crippling defects are dealt with under regulations made by the Minister of Education under the Education Act, 1944.

Admissions of children under the age of two years to orthopaedic hospitals were arranged for 17 children during 1953. These children required treatment for non-tuberculous crippling defects.

Arising from the issue of Ministry of Health Circular 26/1953, I was instructed to report to the County Homes and Welfare Committee on the services available to spastics in the North Riding. A copy of the report is given hereunder. The word 'spastic' is used in the report in the same sense as it is used in the Ministry Circular.

" Spastics are sufferers from cerebral palsy who have a permanent and substantial physical handicap resulting from brain damage or defect occurring before or at birth or during early childhood. It is also desirable to point out that cerebral palsy cases present particularly difficult problems because there is often a mental as well as a physical handicap. The problem is further complicated by the fact that there are different forms of cerebral palsy ; some children are truly spastic, the muscles being in a state of tension ; others are the victims of uncontrollable movements (athetoids) and a third group (ataxic) suffer from difficulties in co-ordinating balance and intentional movements. In some cases there is a mask like appearance which gives the impression of a low mental condition but conceals in fact a normal mental capacity. These cases, however, are very exceptional.

The first point of importance in relation to cases of cerebral palsy is the importance of early diagnosis. The County Council's health visitors have instructions to call the attention of the responsible medical officers or private practitioners to such cases as soon as it is reasonably certain that there is some abnormal condition present. Sometimes these children first come to the knowledge of the school medical staff from paediatricians ; in other cases the orthopaedic surgeons at the hospitals may request special educational treatment for them.

The Leeds Regional Hospital Board has provided during the year 1954-55 a sum of money to rehouse certain nurses at the Adela Shaw Orthopaedic Hospital, so that the isolation ward at present used for staff sleeping accommodation can be released and become a special unit for " spastic " children under 5 years of age. When this project bears fruit, staff with

special experience will be engaged and any older spastic children in that hospital will be under treatment by the same experts. At present those children who require hospital treatment are housed in a number of hospitals where educational provision cannot be made for them and the children, though treated for their physical condition, may be left to vegetate.

SPECIAL SCHOOL PROVISION.

For spastic children who do not require active hospital treatment but who require special educational methods and/or intensive physiotherapy, the Education Committee has provided accommodation at Welburn Hall Residential School. Sometimes these children are admitted for a test period to make sure that they are capable of learning ordinary school subjects because, unfortunately, at least 30% of spastics are ineducable within the meaning of Section 57 (3) of the Education Act, 1944. The children who do benefit however are retained until school leaving age or until their condition improves to such an extent that they are capable of attending an ordinary school even though they may have to be taken to school by their parents or by special transport. Towards the end of the stay in Welburn Hall, that is when the child is over fifteen years of age, the headmaster makes contact with the youth employment officers and has been successful in a number of cases in providing suitable employment for such children.

YOUNG PERSONS UNDER 17 YEARS OF AGE.

Those discharged from Welburn Hall Special School or able to attend an ordinary school are followed up by one of the two after-care orthopaedic nurses employed by the Education Committee until they are seventeen. The cases who have been notified to the local health authority under Section 57 of the Education Act are supervised by the mental health workers of the Mental Health Services Sub-Committee ; young persons who need special training have been referred to the Ministry of Labour and one or two have gone to St. Loyes in Cornwall.

The following table gives details of North Riding children and young persons of less than 17 years of age on 20th March known to be materially handicapped and suffering from cerebral palsy.

In Adela Shaw Hospital	..	..	12
In Welburn Hall School	..	..	11
Attending ordinary schools	..	..	29
Reported as ineducable	..	..	25
Pre-school children not in hospital	..		2

Four of these reported as ineducable are attending directly provided occupation centres at Grangetown or Scarborough.

SPASTICS AGED 16 YEARS AND OVER.

It is difficult to write accurately regarding spastics over 16 years of age as only those directly assisted or supervised by the County Council are known to me. One such girl is attending the occupation centre at York under the auspices of the Mental Health Services Sub-Committee and three others are in Part III accommodation. There are also fourteen known mentally defective spastics over the age of 16 years on the files of my mental health section.

GENERAL.

In this connection I quote paragraph 18 of the circular :—

“ To arrive at a total incidence figure for the purposes of section 29 of the Act of 1948, it was necessary to consider amongst other things—

- (i) to what extent cerebral palsy is acquired in adolescent and adult life ; and
- (ii) whether those who suffer from cerebral palsy enjoy the normal expectation of life.

No reliable information was available with regard to (i) above and the evidence which the Committee was able to obtain concerning (ii) indicated that some spastics who survive beyond adolescence are likely to enjoy the normal expectation of life. On the other hand the Committee was impressed by the fact that it was unable to establish the whereabouts of any substantial number of adult spastics.”

My own view is that there is a high mortality of spastics from intermittent disease *e.g.*, pneumonia during adolescence. Unfortunately there is no firm information on this point and a considerable amount of research into the returns made by registrars of deaths will be required before a clear picture can be given regarding the death rate among sufferers from cerebral palsy.”

Dental Treatment of Expectant and Nursing Mothers and Children under the age of 5 years not attending a maintained school.

Mr. Craven, the Chief Dental Officer, reports as follows :—

I mentioned in the previous year's report the difficulty encountered in obtaining additional staff but three new dental officers were appointed towards the end of the year, which resulted in a slight increase in treatment. Although these appointments had very little effect during 1953, they will allow further time to be devoted to the development of the service in succeeding years.

The staffing position and the possibility of further recruitment appeared to be more encouraging, and one felt justified in giving some publicity regarding welfare cases through the district medical officers and district nurses. As a result there was a greater demand for treatment, particularly from mothers requiring dentures which the local authority provides free of charge. Although the number of dentures provided show an increase only from 48 to 50, extractions had already been completed in a number of cases ready for the provision of dentures during 1954. This demand for dentures and dental treatment generally appears to be gathering momentum and the next step will be to encourage parents to accept treatment for pre-school children, particularly for fillings in deciduous teeth if the staffing position remains satisfactory.

The opening of new clinics in the rural areas, and particularly the new multi-purpose clinics have helped considerably in attracting patients, and the working arrangements with the various other health services are being reviewed and improved month by month.

The shortage of dental staff has made it difficult to cope with the demand for treatment in the school health service in the past, but the additional staff we hope will now enable other priority classes to have more frequent conservative treatment. The oral hygienist has done good work in cleaning up the mouths of many expectant mothers in two populous districts.

(a) Numbers provided with dental care.

	Examined	Needing Treatment	Treated	Made Dentally Fit
Expectant and Nursing Mothers	148	142	134	101
Children Under 5	318	273	258	238

(b) Forms of dental treatment provided.

	Extractions	Anaesthetics		Fillings	Scalings or scaling & gum treatment	Silver nitrate treatment	Dressings	Radiographs	Dentures provided	
		Local	General						Complete	Partial
Expectant & Nursing Mothers	410	24	93	43	22	—	25	53	31	19
Children under 5 ..	581	4	225	34	9	75	20	—	—	—

S. CRAVEN,
Chief County Dental Officer.

DOMICILIARY MIDWIFERY SERVICE.

Domiciliary Midwifery.

The whole of the domiciliary midwifery service provided under this section is administered directly by the County Council. Since 1949 there has been a decline in domiciliary midwifery and, because of this trend, it is not now the policy generally of the County Council to make new appointments of whole-time midwives ; nurses in urban areas are now offered contracts in most cases as district nurse/midwives. At the end of the year under review 17 whole-time midwives were employed in urban districts, 22 nurses (plus 2 part-time) undertook combined duties in urban districts and 75 nurses (plus 4 part time) were carrying out generalised duties in rural districts.

The number of domiciliary confinements during the year is set out in the table below. For comparative purposes, figures for the years 1949 to 1952 are also given :—

	1949	1950	1951	1952	1953
No. of Domiciliary Confinements . . .	3,626	3,017	2,797	2,838	2,463
(a) attended as midwife . .	2,604	2,068	2,021	1,985	1,884
(b) attended as maternity nurse	1,022	949	776	853	579
Percentage of total notified births	61.6	56.5	46	45.8	38.5

Deliveries attended by midwives employed by the County Council during 1953 :—

Doctor not booked		Doctor booked		Total
Doctor present at time of delivery of child	Doctor not present at time of delivery of child	Doctor present at time of delivery of child	Doctor not present at time of delivery of child	
74	673	501	1,203	2,451

During the year, 241 cases delivered in institutions were attended by domiciliary midwives after discharge from institutions before the fourteenth day.

Of the cases shown in the table, 1,809 infants were wholly breast fed on the fourteenth day.

It is interesting to note that in the last complete calendar year before the 'appointed day,' the percentage of deliveries (91%) taking place in the Riding associated with domiciliary confinements was more than twice the percentage for 1953. It is evident that more and more expectant mothers are availing themselves of hospital facilities for their confinement, at an increased cost to the tax payer.

Unfortunately admission to some of the units in this Riding is not controlled by the local executive medical officer, but by the matron or consultants in attendance at the maternity hospital. It is most desirable that the knowledge and experience of the County Council midwives and health visitors should be fully used when decisions are made regarding the degree of priority for women who claim admission because of social conditions.

No serious objection is taken to the admission of any woman who is having her first baby, but hospital staffs do not seem to appreciate the psychological and practical problems involved when a woman who has already a child or children is moved out of her own home. On the 26th October, 1953, the allowances made to expectant and nursing mothers by the Ministry of Pensions and National Insurance was increased ; provision was made for a home confinement grant of £3. In my opinion this amount is not large enough to encourage expectant mothers to remain at home for their confinements. Until home help is provided free of charge during confinement, or until an increased and more adequate grant is made to cover the cost of a home help, there is little chance of any reversal in the trend towards institutional deliveries.

In the proposals submitted to the Minister of Health, allowance was made for the employment of a Superintendent Nursing Officer who would be the non-medical supervisor of midwives, a Deputy Superintendent Nursing Officer, and two Assistant Nursing Officers, who would also undertake the supervision of midwives. In practice it has been found that effective supervision of midwives and co-ordination of the nursing services can be carried out by the employment of two nursing officers only. The nursing officers carry out inspections of midwives employed in private nursing homes or in maternity homes where there is no resident medical officer, and those practising privately within the administrative area of the authority, as well as the directly employed midwives. Advice is given to all categories of midwives on any new technique and any other matters which require special attention.

Ante-natal supervision is provided by medical officers and midwives at the ante-natal clinics and at certain infant welfare centres, as well as at special midwives' clinics ; in addition, those midwives who are booked by expectant mothers who do not attend clinics, visit their patients at intervals. There is good co-operation between county midwives and general practitioners who undertake maternity medical services.

The County Council each year authorises the attendance of eight to ten midwives at refresher courses; the number attending during 1953 was ten. Attempts are made to encourage midwives to attend these courses in turn, but in practice, it is found that some are unwilling for domestic reasons ; this is particularly so in the case of married women. It is felt that it would be to the advantage of the mothers if the Central Midwives Board were to enforce their rule regarding refresher courses.

The midwifery training school at Belgrave Crescent, Scarborough, is able to take two pupils every three months. The Superintendent of the Home is a qualified midwifery teacher and undertook the instruction of

the pupils for the examination prescribed for the second part of the Central Midwives Board certificate. Twenty-one had completed training at the school between its inception in December, 1949, and the 31st December, 1953. Seventeen were successful in passing the examination at the first attempt, one passed at the second attempt and three failed. Difficulty is experienced from time to time in obtaining the requisite number of domiciliary cases for the pupils owing to the increase in institutional confinements.

The maximum number of pupils was not forthcoming in 1953 ; during the year, four pupils were accepted at the school, two still being in training on the 31st December, 1953. Residential accommodation was also provided at the Nurses' Home for midwives and district nurses working regularly in the Scarborough area. The tendency has gradually been for qualified nurses to wish to reside outside the Nurses' Home and in order to retain their services, they have been permitted to do so on request. The result has been that the number of qualified staff resident in the Home has gradually dwindled. All the remaining qualified staff with the exception of the Superintendent became non-resident after the end of the year under review and the local sub-committee decided not to require newly appointed staff to reside there.

Notification of Intention to Practise.

It is the duty of every midwife who wishes to practise in the area of a local supervising authority, to notify that authority, each year, of her intention to do so ; the following table shows the number who registered during the year 1953 in various categories :—

No. of Midwives	Employed by the County Council.	Engaged in private practice	Employed by Hospital Management Committees
192	136	8	48

The Ministry of Health made, under Section 6 of the Midwives Act, 1936, an order which came into effect on the 1st September, 1938, prohibiting unqualified women from acting as maternity nurses for gain. Under the Defence (General) regulations, 1939 (Regulation 33) the County Council employed on midwifery duties during 1953, one such person who had surrendered her certificate under the Midwives Act, 1936.

The Emergency Laws (Miscellaneous Provisions) Act, 1953, revoked the Defence Regulation and accordingly no further such orders can now be made ; the Act provides, however, that any orders that were in force at the commencement thereof shall continue to have effect without limit of time. The Act also empowers an authority to revoke an order at any time either wholly or as respects a particular woman.

Medical Aid Records.

The Central Midwives Board is empowered by statute to make rules regulating supervision and restricting, within due limits, the practice of midwives. A midwife acting as such, or as a maternity nurse, is obliged to

observe these rules. One of the most important of these rules is that she must send for medical aid in all cases of illness of the patient or child or for any abnormality occurring during pregnancy, labour or lying-in period. The following table shows the nature of some of the reports sent in by the county midwives, district nurse/midwives, independent midwives and midwives employed in maternity homes or nursing homes during the period under review as compared with the previous three years :—

		1950	1951	1952	1953
Requests for medical aid	..	652	583	518	526
Stillbirth reports	.. ..	108	48	36	39
Rise in temperature	.. ..	20	18	15	16
Death of mother	.. ..	7	1	2	—
Death of infant	.. ..	16	19	12	8
Laying out dead body	.. ..	27	24	20	17
Artificial feeding	.. ..	128	114	129	193
Liability to be a source of infection		59	50	74	25

The following is a classification of the stages when midwives had to summon medical aid—

		1950	1951	1952	1953
During pregnancy	.. ..	136	125	107	116
During labour	.. ..	326	308	259	260
During lying-in period	.. ..	92	66	74	65
In respect of child	.. ..	98	84	78	85

Liability to be a Source of Infection.

In accordance with the Rules of the Central Midwives Board, there is an obligation on a midwife to notify the local supervising authority when she is liable to be a source of infection. The number of notifications received each year since 1948 have varied from 103 in 1948, 75 in 1949, 59 in 1950, 50 in 1951, 74 in 1952, to 25 in 1953 ; the medical officers in charge of the ten administrative areas have been given the duty of ensuring that proper steps are taken by each midwife under this rule before returning to duty. In this connection, the assistance of the Public Health Laboratory Service is gratefully acknowledged for investigations into nose, throat, ear and other conditions of midwives when it appeared that the safety of the mothers and babies might be endangered by the existence of such complaints.

Maternal Mortality.

Maternal mortality is subject to wide fluctuations and the comparison of rates may lead to false deductions owing to the relatively small figures involved.

In 1953 the total of maternal deaths was 2 as compared with 10 in 1948, 11 in 1950, 12 in 1951 and 4 in 1952.

The distribution of maternal deaths is shown in table 6 at the end of the report.

Premature Births.

PREMATURE LIVE BIRTHS										PREMATURE STILL BIRTHS		
Born in hospital		Born at home and nursed entirely at home		Born at home and transferred to hospital on or before 28th day		Born in nursing home and nursed entirely there		Born in nursing home and transferred to hospital on or before 28th day		Born in hospital	Born at home	Born in nursing home
Total	Sur-vived 28 days	Total	Sur-vived 28 days	Total	Sur-vived 28 days	Total	Sur-vived 28 days	Total	Sur-vived 28 days			
204	162	98	92	34	21	28	24	1	—	35	11	1
Total premature live births									..	365		
Total premature still-births									..	47		

Notification of Puerperal Pyrexia.

During 1951 the Minister of Health, in exercise of his powers under Sections 143 and 283 of the Public Health Act, 1936, and other enabling powers, varied the regulations which are called the Puerperal Pyrexia Regulations 1939 and the Public Health (Notification of Puerperal Fever and Puerperal Pyrexia) Regulations, 1926 and 1928. Puerperal Pyrexia was redefined as “any febrile condition occurring in a woman in whom a temperature of 100·4° Fahrenheit (38° Centigrade) or more had occurred within fourteen days after childbirth or miscarriage”.

In 1953, 28 notifications were received ; the circumstances of each were investigated by the superintendent nursing officers.

Public Health (Ophthalmia Neonatorum) Amendment Regulations, 1937.

Ophthalmia neonatorum is an infectious condition of the eyes of the newborn infant. It is defined as a purulent discharge from the eyes of the infant commencing within twenty-one days of the date of birth, and under these Regulations the duty of notifying cases is placed on the medical practitioner in attendance. If a midwife is in attendance, she is obliged by the Rules of the Central Midwives Board to call in a doctor where there is any eye discharge, however slight. In 1953, 7 cases were reported of which two were admitted to hospital ; all made a satisfactory recovery.

Pemphigus Neonatorum.

One case occurred during the year and was investigated. The condition cleared satisfactorily.

Analgesia used by Midwives.

At the end of 1953, ninety-two domiciliary midwives employed in the Council's service were qualified to use gas and air analgesia.

The arrangements made to train domiciliary midwives in the use of pethidine with a view to taking advantage of the amendment made to the Dangerous Drugs Regulations, 1937, by the Dangerous Drugs Regulations 1948 and 1950 were described in a previous report. These provide that a certified midwife, who has, in accordance with the provisions of the Midwives Act, 1951, notified to the local supervising authority, her intention to practise, is authorised to be in possession of, and to administer, medicinal opium, tincture of opium and pethidine so far as is necessary for the practice of her profession or employment as a midwife, subject to certain conditions. Four midwives received instruction in the use of gas/air analgesia during 1953.

The following table may be of interest and concerns the midwives employed by the County Council :—

Domiciliary midwives trained to use gas/air apparatus	No. of sets of apparatus	Total domiciliary births	No. of cases in which gas/air was administered by domiciliary midwives		No. of cases in which pethidine was administered by domiciliary midwives	
			Doctor not present	Doctor present	Doctor not present	Doctor present
92	76	2,451	692	176	1,052	254

HEALTH VISITING.

The general arrangement is that in populous areas certificated health visitors are employed on health visiting and school nursing duties. Thirty-two such nurses were employed in 1953. In addition one qualified health visitor is employed jointly on tuberculosis and venereal disease work in the Scarborough district and an experienced but uncertificated health visitor carried out tuberculosis visiting and school nursing in the Thornaby area.

In rural districts nurses are employed on generalised duties and 22 of these nurses hold the health visitors' certificate ; the remaining 57 who undertake health visiting work are allowed to carry out these duties under the dispensation of the Minister. In one area health visitors attend on Saturday mornings in rotation at the local hospital and obtain a list of children who have been admitted during the preceding days and of those who are likely to be discharged home during the following week. This is of great value to the local medical officer in charge of the County Council's services and to his staff. The information regarding pending discharges is circulated to the home nurses in the area so that they can make any necessary preparations.

The total number of visits of all kinds made by health visitors was 121,723 in 1953, as compared with 130,756 in 1952, 114,950 in 1951, 111,957 in 1950 and 96,975 in 1949.

The following table sets out the work of the health visitors during 1953 :

STAFF EMPLOYED :—

HV/SN	Other H. V's.	Generalised duties
32	2	75 whole-time 4 part-time

NUMBER OF VISITS.

Expectant mothers	Children under 1 yr. of age	Children age 1 and under 2 yrs	Children age 2 but under 5 years	Tuber- culous House- holds	Other cases	Total
2,166	34,977	21,333	45,074	3,490	14,683	121,723

The total number of children under 5 years of age visited was 31,175 and 24,312 families were visited by the health visitors.

Training.

The County Council offers not more than four scholarships each year valued at £240 each to enable suitable nurses to take the health visitors course of training at recognised centres. Since July, 1948, 22 similar scholarships have been granted to suitable candidates and with the exception of two cases, the students have obtained the health visitors certificate. The two unsuccessful nurses are still working in this Riding where their training should be of value to them. A condition attached to the scholarships awarded is that the recipient must work in the administrative county for a period of three years after completion of the course of training or obtaining the certificate. Facilities have also been afforded to the Principal of the Bolton Technical College for his students to obtain a week's experience in rural areas during the course of training. The County Council's health visitors find accommodation for these students and take them on their rounds as well as having the students as helpers at ante-natal clinics and infant welfare centres. The County Council does not arrange refresher courses for health visitors within the Riding but vacancies are obtained every two years at courses held by the Royal College of Nursing. During 1953, five health visitors attended a post-certificate course.

Child Life Protection and Adoption of Children.

In this Riding the functions of infant life protection and the adoption of children are dealt with by the Children's Committee. Although most of the home visiting is undertaken by a visitor employed by the Children's Committee, the health visitors are often consulted regarding persons who are anxious to adopt a child or willing to undertake duties as foster parents. Children in the care of the Children's Committee continue to receive the normal care and supervision of the health visitor whose basic training is that of a nurse and whose professional judgment is of great value in assessing the health and needs of each child. Every attempt is made to ensure that "deprived" children are not further deprived of the services available to other children of the same age groups living at home.

HOME NURSING SERVICE.

When the County Council took over the home nursing service from district nursing associations in July, 1948, it was decided to employ whole-time home nurses in the urban areas. Since then, owing to the decline in domiciliary midwifery, it has become the practice to appoint doubly qualified nurses to undertake combined duties in these districts. On the 31st December, 1953, there were 19 whole-time home nurses, 22 nurses undertaking midwifery and home nursing, and in the rural districts 75 nurses undertaking duties of a generalised character. There were also 11 nurses employed part-time, five on home nursing duties, 2 on combined duties and 4 on generalised duties. On the whole the home nurses have worked very well with the general practitioners and only occasionally complaints are made regarding their work.

Since the institution of an enquiry by the Newcastle Regional Hospital Board into the incidence of bed sores in hospital and in former in-patients discharged from hospital, there has been a better link so that home nurses know in advance, in many cases, that such a patient is being discharged and will require special care.

The main types of cases attended by home nurses are medical, surgical and tuberculosis cases. About 70% of the cases fall into the "medical" category. There is no night nursing service as such, although many nurses do an evening round; such a service does not seem practicable in an area which is mainly rural.

In September, 1953, the arrangement with Durham County Council regarding the provision of nursing services in the parishes of Croft, Dalton-on-Tees, Eryholme, Girsby and Over Dinsdale was terminated and a generalised duties nurse was appointed to take over the work. The only marginal area continuing to be served by Durham was in the north west and comprised the parishes of Cotherstone, Lartington, Startforth and Egglestone Abbey.

The generalised duties nurse at Romalldkirk continued to undertake duty for Durham County Council in the parish of Eggleston.

Details of the number of patients visited and the total visits made are set out in the table below together with comparative figures for 1950, 1951 and 1952; it will be noted that the number of persons visited and the number of visits made has increased substantially.

	1950	1951	1952	1953
Number of persons visited . .	10,826	9,286	9,142	23,971
Total number of visits . .	188,471	200,998	212,631	219,646

These cases classified into categories are as follows :—

Type of Case	Medical	Surgical	Infectious Diseases	Tuberculosis	Maternal complications	Others	Total
Number of cases	16,752	6,318	40	673	108	80	23,971
Number of visits	157,009	50,557	245	6,345	886	4,604	219,646

Of the total patients, 3,400 were over the age of 65 at the date of the first visit and 73,126 visits were made. 4,526 visits were made on 980 children under the age of 5 at the first visit.

Training.

Arrangements are made every two years for a small number of district nurses to attend refresher courses organised by the Queen's Institute of District Nursing and opportunities are also given for district nurses to attend one or two day courses in the adjoining County Boroughs. Arrangements are also made through the Queen's Institute of District Nursing for suitable candidates to take a four or six months course of district training. In some cases recipients of health visitors scholarships undertake combined district and health visitors training under the auspices of the Queen's Institute of District Nursing.

VACCINATION AND IMMUNISATION.

The health visitors are given the duty of stimulating the interests of parents in immunisation of the child population against diphtheria, but it is difficult to get the interest of a parent in vaccinating a child. One of the most difficult things to combat is the fact that the disappearance or the rarity of diphtheria and smallpox tends to make the parents careless or difficult to convince on the merits of protection of the child. Arrangements are made, therefore, for the incidence of a case of suspected diphtheria to be widely discussed by nurses. Many practitioners, though they have a financial incentive to immunise, are not maintaining their interest in this subject until a case occurs.

During 1952 the County Council approved a scheme for immunising children against whooping cough and practitioners can apply for the single antigen or for the combined diphtheria/pertussis antigen as they wish.

Normally immunisation against whooping cough is desired at the age of four to six months. Arrangements for giving boosting injections of diphtheria antigen have been successfully made in urban districts. The percentage of immunised children under fifteen years is as high as 90% in certain areas. Incidentally it is interesting to note that the number of notified cases of diphtheria during 1953 was 3 with two deaths as compared with 332 and 12 in 1939. As a matter of general comment personal approaches to the parents by the health visitor remain the most effective agent in securing the consent of parents to the protection of their children : the unfortunate deaths of unimmunised children were given extensive publicity and many laggards changed their attitudes as a result.

A fee of 5/- is paid to medical practitioners in private practice for every notification of successful immunisation or vaccination except where sessions are held, in which case the proper sessional fee is payable ; a record of immunisation in these latter cases is made by a member of the Council's staff. Notification in respect of successful immunisation by the combined diphtheria/pertussis antigen is made on one notification card ; the usual fee of 5/- is payable.

The table below gives the number of children within specified age groups who had, at the 31st December, 1953, been immunised or vaccinated. Comparative figures are given for 1950, 1951 and 1952.

DIPHTHERIA IMMUNISATION.

Year	Estimated population under 5 yrs.	No. of children immunised	Estimated population 5-14 yrs.	No. of children immunised	Total est. pop. under 15 yrs.	Total No. of children immunised under 15 yrs.
1950	31,478	13,642	51,950	24,901	83,428	38,543
1951	31,760	16,334	53,630	33,340	85,390	49,674
1952	30,900	16,425	55,900	37,869	86,800	54,294
1953	30,000	14,668	57,000	49,743	87,000	64,411

It will be noted that 43% of the younger age group received immunisation in 1950, 51% in 1951, 62.5% in 1952 and 48.9% in 1953.

VACCINATIONS.

Year	Vaccinations				Re-vaccinations			
	Under 1 yr.	1-14 years	15 yrs. & over	Total	Under 1 yr.	1-14 years	15 yrs. & over	Total
1950	851	434	221	1,506	34	98	424	556
1951	1,135	428	296	1,859	21	83	686	790
1952	1,360	364	296	2,020	1	95	656	752
1953	1,682	549	454	2,685	—	215	812	1,027

The percentage of children vaccinated under one year of age compared with the number of live births was 14% in 1950, 18% in 1951, 22% in 1952 and 27% in 1953.

AMBULANCE SERVICE.

The number of patients carried and the mileage travelled by ambulances operated by or in conjunction with the County Council has increased each year since the appointed day. It will be noticed from the table given at the end of this section of report that 116,517 patients were carried as compared with 90,451 during 1952; the mileage travelled has increased from 1,168,924 in 1952 to 1,271,027 in 1953. It is not possible to prevent some abuse of the ambulance service but every effort is made to restrict the use of the service to those who are not able to travel by public transport. The arrangements are in operation whereby journeys from County Council stations, agency stations or by the hospital car service are co-ordinated and by this means a considerable saving in mileage is effected. Information has sometimes been received from general practitioners regarding the abuse of the ambulance service by particular persons.

During the year five new Bedford—Lomas dual purpose vehicles and two new Bedford—Lomas traditional type ambulances were purchased and put into service. A Bedford—Lomas traditional type ambulance recently obtained by the British Red Cross Society was taken over when the agency service at Kirbymoorside was superseded by a directly controlled county service. The service in the Riding at the end of the year under review was provided from (a) county depots at Scarborough and Redcar—county stations at Northallerton, Haxby, Thirsk, Malton and the county minor stations at Bainbridge, Whitby, Thornaby and Kirbymoorside; (b) agency services controlled by the St. John Ambulance Brigade at Carlin How, Eston, Great Ayton and Richmond, (c) hospital car service through the women's voluntary service in certain areas and (d) customer arrangements with adjoining authorities.

The number of vehicles owned by the County Council on the 31st December, 1953, for ambulance service purposes was 56, an increase of 8 on the previous year.

During the year the following minor ambulance stations were opened :—

WHITBY. A station was established in part of the garages adjoining the Clarence Hotel, Whitby, on the 5th January, 1953. It is staffed by 3 men whole-time. This supersedes the service formerly provided by the St. John Ambulance Brigade.

THORNABY. A station was established in the old fire station, George Street, Thornaby, on the 19th February, 1953. Three drivers were appointed whole-time and a further driver was appointed some six months later. The establishment of this service has caused a reduction in the amount of work undertaken for the North Riding County Council by the Durham County Council ambulance service in Thornaby and Yarm areas.

KIRBYMOORSIDE. Premises at Kirbymoorside used by the agency ambulance service of the British Red Cross Society was taken over on the 5th July, 1953. It is staffed by 3 men employed whole-time; two of these men were taken over from the agency service.

Staff.

There were directly employed by the County Council on the 31st December, 1953, 71 whole-time men plus three "retained" men at Bainbridge. The retained staff are local men and are paid a fixed allowance of £30 per annum plus a turning out fee of 12/-d. and an hourly rate for time spent in excess of two hours on ambulance duties.

The table below gives the number of patients carried and the mileage undertaken since the appointed day :—

Period	Category	County vehicles	Agency vehicles	Vehicles of other authorities	Hospital Car Service	Total
1948 (from 5 July)	Patients Carried	Details not available.				7,671
	Mileage ..	do do				189,380
1949	Patients Carried ..	15,826	9,923	1,857	3,062	30,668
	Mileage ..	319,587	201,188	23,398	146,043	690,216
1950	Patients Carried ..	26,809	15,340	3,325	4,042	49,597
	Mileage ..	512,541	250,895	47,064	172,683	983,183
1951	Patients Carried ..	36,883	20,254	4,052	3,280	64,469
	Mileage ..	641,562	295,460	44,260	138,271	1,119,553
1952	Patients Carried ..	58,791	22,699	4,902	4,059	90,451
	Mileage ..	736,616	288,829	42,838	100,641	1,168,924
1953	Patients Carried ..	85,259	26,350	1,838	370	116,517
	Mileage ..	893,063	276,729	28,319	72,916	1,271,027

SECTION 28, PREVENTION OF ILLNESS— CARE AND AFTER-CARE.

(a) TUBERCULOSIS.

The proposals made by the County Council under Section 28 of the National Health Service Act, 1946 as approved by the Minister of Health provide for the carrying out of the Health Committee's functions by area sub-committees ; in fact several of the functions of the Health Committee under Section 28 are carried out by area after-care committees. These care committees are given a grant by the County Council if formally affiliated to the National Association for the prevention of Tuberculosis. The basis of the initial grant is 20/-d. per family in which a notified case of tuberculosis exists on the 1st January each year or alternatively at the rate of £10 per 1,000 population. Monetary grants cannot be made out of money voted by the County Council. Some of the care committees have shown little anxiety to expend money on the welfare of tuberculous persons and in some cases no effort has been made towards raising funds voluntarily. The service would just as well be administered directly by the area sub-committees where care committees prefer to remain dependent upon the County Council for their financial resources. Care committees are established in eight out of ten health areas ; care work in the other two is carried out directly by the local health sub-committees ; the grants made during 1953 are set out later in this report.

The provision of open air shelters is dealt with centrally because of their cost and in order to solve problems of storage and economy. Extra nourishment, beds, bedding and nursing requisites can be obtained on a recommendation made by a chest physician or general practitioner to the local health office.

Materials for occupational therapy for patients discharged from sanatoria are provided through voluntary organisations, *e.g.* the British Red Cross Society, or care committees.

Each person suffering from tuberculosis regardless of income can obtain on the recommendation of the chest physician one pint of extra milk per day without charge. Additional nourishment is dealt with by care committees on the recommendation of the family practitioner or home nurse.

Some 190 North Riding persons were vaccinated with B.C.G. up to the end of 1952 ; a further 76 were vaccinated during 1953 by the chest physicians of the Regional Hospital Boards. B.C.G. vaccination was not carried out by whole-time officers of the County Council during the year.

Owing to the rural nature of this county and to the policy of the Regional Hospital Boards of providing chest clinics in the county boroughs in or adjacent to the Riding it has not usually been practicable to arrange for the attendance at these clinics of the health visitors in whose area the patients reside as a large percentage of the patients seen on any particular day come from other nurses' districts, or from another local health authority's area.

Local housing authorities have co-operated well in the matter of re-housing tuberculous families ; help is in most cases readily given by housing allocation committees.

It has been the practice since 1950 to reimburse care committees the amount of their approved expenditure for the previous year. During the year under review grants were made to the various committees as follows :—

Care Committee	Gross Expenditure	Income from non-C.C. sources	Net expenditure reimbursed by County Council
	£	£	£
Eston ..	331	—	331
Redcar ..	133	—	133
Guisborough ..	53	5	48
Whitby ..	104	23	81
Ryedale ..	75	—	75
Bulmer ..	57	10	47
Wensleydale ..	51	9	42
Scarborough ..	254	—	254

(b) MENTAL ILLNESS OR DEFECTIVENESS.

Arrangements for the care and after-care of persons suffering from mental illness or defectiveness are dealt with by the Mental Health services sub-committee of the Health Committee ; see page 45 for details of the work of this standing sub-committee.

(c) OTHER TYPES OF ILLNESS.

As regards illness generally, certain items of equipment, *e.g.* special beds and mattresses can be obtained on request from local health offices ; in addition each home nurse has access to a supply of nursing requisites which she may leave on loan in a patient's home without charge. Health visitors are being used by medical officers of health in certain areas to follow up cases of notifiable disease and to ensure that adequate nursing is available ; they are better able to give advice to parents on the prevention of further infection and the care of children than sanitary staff, particularly now that terminal disinfection has been virtually abandoned except after certain serious diseases, *e.g.* tuberculosis, typhoid fever and smallpox.

Certain care committees have raised funds to expend on the welfare of patients suffering from illnesses other than tuberculosis. Particulars of the amounts raised and the amounts expended during 1953 are given below :—

Care Committee	Amount raised	Amount expended
	£	£
Eston ..	169	*186
Redcar ..	9	—
Guisborough ..	4	* 37
Whitby ..	25	* 36
Ryedale ..	25	—
Bulmer ..	—	* 3
Wensleydale ..	—	—
Scarborough ..	300	271

*In cases where expenditure exceeds income during 1953 the balance has been taken from capital or revenue received during previous years.

(d) CONVALESCENT HOME ACCOMMODATION.

Convalescent accommodation was offered to 30 individuals in 1953 as compared to 29 in 1952, 34 in 1951 and 18 in 1950. Accommodation is found for adults and children of both sexes and is limited to a maximum stay of 4 weeks. As this service is a type of holiday-rest service for those who are "run down" care has to be exercised to guard against persons using it as a means of obtaining a holiday for little or no cost. Application has been made in one case each year for the past five years. The applicant's general practitioner was consulted and arrangements for his convalescence were made on two occasions.

The following table gives details of admissions to convalescent homes through the County Council's scheme in 1953 :—

Name of Convalescent Home	Number receiving Convalescence				Total
	Adults		Children		
	Male	Female	Boys	Girls	
Semon Convalescent Home, Ilkley..	1	2	—	—	3
Blackburn Convalescent Home, St. Annes-on-Sea	2	7	—	—	9
Hunstanton Convalescent Home, Hunstanton	1	—	2	—	3
West Hill Convalescent Home, Southport	2	8	—	—	10
Spofforth Hall Rest Centre, near Leeds	—	1	—	—	1
Doxford Hall, Chathill	—	1	—	—	1
Shoreston Hall, Seahouses ..	—	1	—	—	1
Church Army Fresh Air Home, Southport	—	1	1	—	2

PROTECTION OF CHILDREN FROM TUBERCULOSIS.

During 1953 forty-two employees of the Children's Committee were surveyed in connection with their work or proposed employment in close contact with groups of children ; the cost is charged to Section 28 of the National Health Service Act, 1946. Some of these examinations are carried out by the Mass Radiography Service when surveys are being held in a suitable locality ; in other cases arrangements are made with a private radiologist.

In addition to the above, 36 persons employed by the Education Committee and 129 applicants for admission to a teachers' training college were x-rayed. The co-operation of the medical and technical staff of the mass miniature radiography units has been much appreciated. I am particularly indebted to Dr. G. Walker, the chest physician to the Northallerton area, for his helpful advice in doubtful cases.

HEALTH EDUCATION.

Advice on personal and environmental hygiene is freely given by health visitors employed in the County Council's service to mothers with children under school age and to families in which a clinical case of tuberculosis has occurred ; generally the advice is welcomed and accepted. Advice is also given on health matters at infant welfare centres, ante-natal and post-natal clinics, both orally and by means of pamphlets. Chest physicians, too, are

expected to cover the problem of prevention of infection in their discussions with patients and their relatives ; they also remind practitioners of this aspect of dealing with tuberculous persons in making recommendations in individual cases. Members of the medical staff have also given talks in their own areas in the capacity as local M.O.H. ; the three county health inspectors have systematically dealt with the peculiar problems of food handling in talks given to employees in the schools meals service.

DOMESTIC HELP SERVICE.

The domestic help service continues to expand. In 1947, 46 families were given help by 45 part-time helpers as compared with 559 families in 1952 and 581 families in 1953. In 1952 the number of helpers employed by the County Council was 23 whole-time and 65 part-time ; in 1953 the corresponding numbers were 22 whole-time and 74 part-time employees. It has been found desirable in rural areas to employ part-time domestic helps in order to avoid wasted time. It is not likely that a whole-time domestic help could be kept fully employed in rural areas, owing to the limited number of families residing within easy reach who might need the services of a domestic help. In urban areas it is desirable that a proportion of the helps employed should be whole-time, partly because there is plenty of work for them to do and partly to encourage them to stay in the employment of the County Council. The Finance Committee have agreed to permanent whole-time domestic helps being given "established" status with superannuation and other benefits, as in the case of the nursing staff. This was necessary in order to retain helpers during the summer months in those towns where accommodation for summer visitors is a major industry.

There is no training scheme for domestic helps. The part-time helps are selected for the most part by health visitors from their local knowledge. No permanent domestic help is appointed save after full enquiry ; each is interviewed by and appointed by an area sub-committee. Admission to the superannuation scheme is dependent upon a medical examination among other requirements.

The County Council's proposals under the National Health Service Act, 1946, provide for the employment of the equivalent of 70 full-time workers either in a whole-time or part-time capacity for the purpose of providing domestic help for those in need. Priority is given (i) to women having a domiciliary confinement, (ii) to persons requiring help because of sickness or pregnancy of the housewife or her absence in hospital, (iii) to other cases of acute illness particularly of children, where there is a number of healthy children to be cared for, and thereafter (iv) to aged persons or chronic sick persons who are unable to obtain admission to hospital. The other categories as defined by the section of the Act are then considered.

At the end of the year under review, the standard charge to persons obtaining domestic help was 3/3d. per hour ; recovery of whole or part of the cost of providing the service from the person receiving domestic help is assessed according to a scale of assessment. The table below gives the number of helps employed, the hours worked, the number who received help and the number who paid the standard charge in each of the ten health areas of the Riding.

Area	Domestic Helps			Recipients of Domestic Help	
	Employed or registered at end of year		Hours worked	No. who received help	No. who paid standard charge
	Whole-time	Part-time			
Thornaby ..	3	4	10,927	45	1
Eston ..	2	10	21,960	110	4
Redcar ..	4	3	11,166	81	11
Guisborough ..	6	2	12,101	48	3
Whitby ..	1	2	4,900	25	—
Ryedale ..	—	18	18,717	50	1
Bulmer ..	—	15	7,373	64	4
Wensleydale ..	—	10	8,656	25	—
Richmond ..	—	10	5,478	40	3
Scarborough ..	6	—	10,802	93	8
Totals ..	22	74	112,080	581	35

MENTAL HEALTH SERVICES OF THE AUTHORITY

The Mental Health Services Sub-Committee (a standing sub-committee of the Health Committee) undertakes the immediate control of those functions of the local health authority delegated to them in relation to the Lunacy and Mental Treatment Acts and Mental Deficiency Acts (excepting the power to levy a rate or to purchase or sell property) and certain functions under Section 28 of the National Health Service Act 1946. During 1953 the sub-committee continued to hold meetings quarterly.

Because of the shortage of trained mental health workers the County Council employs trainees who are expected to qualify by obtaining, after approximately three years study and practical experience, a University diploma or certificate in social science. The outside staff engaged on work under the Mental Deficiency Acts consisted of two whole-time mental health workers, one part-time worker and two trainees. These officers, with the exception of the trainees, are authorised to act for the Local Health Authority under Section 15 of the Mental Deficiency Act, 1913, and all the routine and statutory visits under the Mental Deficiency Acts, apart from those required to be performed by a registered medical practitioner, are carried out by them. When requested by the superintendents of mental deficiency hospitals, these officers have also supervised and made reports about defectives on licence and on holiday leave.

Psychiatrists employed by the Leeds and Newcastle Regional Hospital Boards and the medical superintendent of a specialised unit for mental defectives have continued to give valuable help when cases have been referred to them by this authority. Many patients have been sent for a specialist opinion regarding mental deficiency, maladjustment or the possibility of juvenile psychosis.

The shortage in both Regional Hospital Board areas of hospital beds for mental defectives in need of institutional care continues to cause anxiety. It has been found impossible on many occasions to obtain early vacancies for alleged defectives in respect of whom magistrates have directed the Local health authority to consider the presentation of a petition or have made an Order under Section 8 of the Mental Deficiency Act, 1913 as amended. One such case had to be committed to prison under a "place of safety order" and was there for nearly three months before a vacancy could be found.

The local health authority have now no arrangements with any voluntary body in connection with the visitation of mental defectives.

The following statistics are of interest :—

Mental Deficiency.

(i) Defectives in Regional Hospital Board Institutions on
31st December, 1953 :—

			Total
Under 16 years of age	.. 29 males	29 females ..	58
Over 16 years of age	.. 177 males	178 females ..	355
			—
			413
			—

(ii) On Licence from Institutions :—

Under 16 years of age	..	1 male	— females	..	1
Over 16 years of age	..	13 males	35 females	..	48
					<hr/> 49 <hr/>

(iii) In Rampton and other State Institutions

11 males	4 females	..	15
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(iv) Under Guardianship	..	3 males	3 females	..	6
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The following table shews the number of admissions and discharges from institutions together with the number of defectives who have died in institutions during the years 1951, 1952 and 1953.

Year	Admitted		Discharged		Deaths	
	M.	F.	M.	F.	M.	F.
1951	12	14	6	4	3	1
1952	7	22	3	5	4	2
1953	18	16	2	3	4	4

Analysis of Cases.

(a) Number of defectives first notified to the local health authority during 1953 :—

				M.	F.
(i)	Under Section 57 (3) Education Act 1944	..	..	20	19
(ii)	Under Section 57 (5) Education Act, 1944	..	..	4	10
(iii)	Other sources, subject to be dealt with	..	..	26	26
				<hr/> 50 <hr/>	<hr/> 55 <hr/>

(b) Disposal of new cases reported during the year

Disposal of new cases reported during the year							
(i)	Admitted to Institutions	..	..	..	..	11	7
(ii)	Placed under guardianship		..	..	..	—	1
(iii)	Taken to “ places of safety ”		..	..	..	—	—
(iv)	Placed under statutory supervision			..	..	36	42
(v)	Placed under voluntary supervision			..	..	3	4
(vi)	Action not yet taken	..	..	..	..	—	1
						—	—
						50	55

(c) Number of Defectives on Register at 31st December, 1953

(i)	In institutions (including those on licence therefrom	..	231	246
(ii)	Under guardianship	..	3	3
(iii)	In “ place of safety ”	..	—	1
(iv)	Under statutory supervision	..	172	171
(v)	Number of persons who are not “ subject to be dealt with ” but under some degree of supervision	..	53	48
			<hr/> 459 <hr/>	<hr/> 469 <hr/>

	M.	F.
(d) Number of defectives awaiting institutional care on 31st December, 1953	33	26
(e) Number of defectives receiving day training	50	38
(f) Number of effective visits made by mental health workers	2,170	

During the year seven defectives were admitted to hospitals under the control of the regional hospital Boards under the provisions of Ministry of Health Circular 5/52 ; no additional expenditure for accommodation has been incurred.

Occupation Centres and Classes.

(a) ALDERMAN COCKERILL OCCUPATION CENTRE—SCARBOROUGH.

At the 31st December, 1953, the names of 19 children were on the roll. Transport to the centre is provided by the county ambulance service. Most of the children attended regularly, the percentage attendance over the year being 91%. A mid-day meal is provided through the school meals service at a daily cost of 9d. to the parents ; meals are provided free in approved cases. The centre was visited during the year by an inspector of the Board of Control and a satisfactory report was received. Medical inspections of the children are carried out as a matter of routine.

During the year a branch of the National Association of Parents of Backward Children was formed by the parents of the children ; the County Council gave permission for this group to have the use of the centre for their meetings.

(b) CLEVELAND OCCUPATION CENTRE.

On the 1st July, 1953, a second occupation centre for 32 defectives was opened at Grangetown in premises formerly used as a wartime day nursery. Children are accepted at the centre from a wide area including Thornaby, South Bank, Redcar, Saltburn, Lingdale and Guisborough. Transport is provided by the County Ambulance Service and by hiring other vehicles. The staff is comprised of a certificated supervisor and two assistants (unqualified). A mid-day meal is provided in the same way as in the case of the Scarborough centre.

At the 31st December, 1953, there was a waiting list of over 20 defectives for places at the centre ; in view of this the County Council agreed to the present building being extended during 1954 to accommodate a further 25 defectives.

(c) OCCUPATION CLASS AT WHITBY.

An occupation class was commenced in Whitby during January, 1953 for five defectives. The class is held $1\frac{1}{2}$ days each week under the supervision and instruction of a mental health worker who holds an occupation centre supervisor's certificate. The number of defectives in attendance at the end of the year was five.

Mental Illness.

Duties in connection with mental illness, are performed by nine duly authorised officers who are also experienced district welfare officers (25% of the salary is allocated to mental health). These officers made 820 visits during 1953 in connection with statutory duties under the Lunacy and Mental Treatment Acts. A small number of after-care visits to patients were also made. In addition, one mental health worker with previous experience of psychiatric patients has carried out home visits at the request of consultant psychiatrists.

Lunacy and Mental Treatment Statistics.

Visits made in connection with the care and after-care of patients (excluding the number of patients admitted to hospital) 768

Patients admitted to hospital.

	1951	1952	1953
	—	—	—
(i) Voluntary	230	374	384
(ii) Certified	101	132	160
(iii) Temporary	24	17	10
(iv) Section 20 cases	78	77	84
(v) Urgency orders	9	14	13

PUBLIC HEALTH ACT, 1936 (NURSING HOMES).

The number of nursing homes registered at the end of 1953 was 13 as compared with 11 in 1952. The premises which are the subject of an application for registration are inspected and reported upon by a medical officer ; after registration, nursing homes are supervised and inspected by officers of the medical department. There were three new registrations in 1953. One certificate of registration was surrendered voluntarily owing to the discontinuance of the use of the premises for the purpose of a nursing home.

The number of beds provided in these nursing homes at the end of 1953 was 151 (maternity 29 ; others 122).

BLIND PERSONS.

The number of persons whose names were on the register of blind persons at the 31st December, 1953, was 836 ; of these 97 (37 males, 60 females) were ascertained on Form B.D. 8 during 1953.

The numbers of registered blind persons for whom operative treatment for cataract or glaucoma had been recommended since 1934 are 56 and 1 respectively ; 21 received the operation ; 13 refused operation mainly because of age or ill-health ; 12 refused operation for other reasons ; 4 are presumed to have received operative treatment ; 3 were ultimately advised by an eye specialist against an operation ; and 4 others had not been operated on at the end of the year under review.

Eight cases of cataract for whom operative treatment was recommended were registered during 1953. Three have now been operated upon ; one received operative treatment before registration and in the remaining four cases operative treatment was not given for health reasons.

TUBERCULOSIS.**New Cases.**

The number of notifications of all forms of tuberculosis received in 1953 was 266 as compared with 224 in 1952.

Table I shows the number of new notifications during the last ten years :

TABLE I.

Year	Total	Pulmonary	Non-Pulmonary
1944	318	210	108
1945	260	164	96
1946	256	173	83
1947	262	200	62
1948	331	243	88
1949	280	213	67
1950	267	224	43
1951	298	250	48
1952	224	188	36
1953	266	231	35

Table II shows the number of primary notifications of new cases of tuberculosis in age and sex groupings and Table III the age and sex distribution of new cases notified and deaths during the year.

TABLE II.

Formal Notification.

Age-Periods	Number of Primary Notifications of new cases of tuberculosis													Total (all ages)
	0—	1—	2—	5—	10—	15—	20—	25—	35—	45—	55—	65—	75—	
Pulmonary—														
Males ..	1	1	5	4	1	7	13	23	23	32	13	3	1	127
Females ..	—	—	3	4	6	12	25	26	13	6	6	3	—	104
Non-														
Pulmonary														
Males ..	—	1	2	4	1	1	1	1	2	2	2	—	—	17
Females..	1	—	—	4	1	—	5	—	5	1	1	—	—	18

TABLE III.

Age Periods	NEW CASES NOTIFIED.				DEATHS			
	Pulmonary		Non-Pulmonary		Pulmonary		Non-Pulmonary	
	M.	F.	M.	F.	M.	F.	M.	F.
0- ..	1	—	—	1	—	—	—	—
1- ..	6	3	3	—	—	—	1	2
5- ..	5	10	5	5	—	—	2	—
15- ..	66	76	5	10	5	10	2	1
45- ..	45	12	4	2	13	11	4	4
65- ..	4	3	—	—	2	1	—	1

In Table IV the distribution of new cases by district with comparative figures for the five preceding years is given : the deaths from tuberculosis are similarly set out in Table 5 at the end of this report

TABLE IV.

District.	1948		1949		1950		1951		1952		1953
	Pul.	Non-Pul.	Pul.	Non-Pul.	Pul.	Non-Pul.	Pul.	Non-Pul.	Pul.	Non-Pul.	Pul.
URBAN DISTRICTS.											
1. Eston	52	4	45	10	31	2	42	—	47	4	47
2. Guisborough ..	3	3	3	2	4	3	7	—	1	—	—
3. Loftus	3	1	4	10	7	3	4	—	2	1	—
4. Malton	1	—	2	—	—	—	—	—	1	—	—
5. Northallerton ..	—	—	3	—	—	—	3	—	—	1	6
6. Pickering	3	—	2	1	—	—	2	—	—	—	—
7. Redcar	24	2	14	4	21	1	17	5	28	7	35
8. Richmond	—	—	1	3	2	—	8	—	5	—	4
9. Saltburn	4	—	7	—	9	2	7	1	7	—	3
10. Scalby	2	1	4	—	4	1	6	—	1	—	2
11. Scarborough ..	29	9	29	2	25	—	23	2	13	—	29
12. Skelton & Brotton	6	—	8	5	14	3	5	2	—	1	—
13. Thornaby-on-Tees	26	3	22	3	30	4	28	2	6	2	27
14. Whitby	6	11	2	4	1	6	12	5	5	1	—
Total Urban	159	34	146	44	148	25	164	17	116	17	153
RURAL DISTRICTS.											
1. Aysgarth	2	—	3	—	—	—	2	2	2	—	5
2. Bedale	3	5	2	—	2	—	1	—	—	1	5
3. Croft	—	2	—	—	—	—	—	—	—	—	—
4. Easingwold	6	8	3	—	14	1	25	3	3	2	7
5. Flaxton	22	12	9	9	11	2	8	2	15	3	7
6. Helmsley	5	2	2	—	3	1	1	1	—	1	—
7. Kirbymoorside ..	—	3	1	1	2	—	—	—	—	—	2
8. Leyburn	4	1	4	2	1	1	6	1	4	—	2
9. Malton	3	—	—	—	1	1	1	1	1	1	1
10. Masham	1	—	—	—	—	—	—	—	—	—	—
11. Northallerton ..	2	1	7	2	—	—	8	—	1	1	4
12. Pickering	2	2	—	—	1	—	1	—	2	—	1
13. Reeth	—	1	2	—	1	1	—	—	1	2	—
14. Richmond	10	1	10	3	12	1	10	1	14	1	15
15. Scarborough ..	4	2	4	—	4	—	4	2	1	—	3
16. Startforth	2	1	—	—	1	1	—	1	2	—	—
17. Stokesley	11	4	10	2	11	3	8	5	17	3	17
18. Thirsk	2	7	4	1	5	2	8	1	7	2	7
19. Wath	—	—	—	—	1	—	1	—	—	—	1
20. Whitby	5	2	6	3	6	4	2	11	2	2	1
Total Rural	84	54	67	23	76	18	86	31	72	19	78
Administrative County	243	88	213	67	224	43	250	48	188	36	231

Deaths and Death Rate.

There were 59 deaths due to tuberculosis in 1953 as compared with 69 in 1952.

Table V which follows shows the mortality from pulmonary and non-pulmonary tuberculosis over the last six years and gives the corresponding figures for England Wales.

TABLE V.

Deaths from Pulmonary Tuberculosis.

	1948	1949	1950	1951	1952	1953
No. of deaths	124	127	104	70	60	42
Rate per 1,000 population	0.35	0.36	0.28	0.18	0.16	0.11

Deaths from Non-Pulmonary Tuberculosis.

	1948	1949	1950	1951	1952	1953
No. of deaths	25	20	13	16	9	17
Rate per 1,000 population	0.07	0.06	0.03	0.04	0.02	0.04

The death rates in England and Wales were :—

Pulmonary tuberculosis .. .. .	.440	.403	.321	.275	.212	.179
Non-Pulmonary tuberculosis .. .. .	.067	.054	.043	.041	.028	.022

The whole-time and part-time nursing staff of the Riding made 3,490 visits in connection with the after-care of tuberculous persons.

During 1952 the Public Health (Tuberculosis) Regulations, 1930, were revoked ; these were replaced by the Public Health (Tuberculosis) Regulations 1952. The new Regulations no longer require a medical officer of health to keep a register of tuberculosis notifications, but the Minister of Health expressed the view that they should continue to do so.

The requirement in the 1930 Regulations for providing information of a tuberculosis patient entering or leaving a sanatorium or hospital is omitted from the present Regulations. The Minister has, however, asked Hospital Boards and Committees to ensure that this information (as for any patient with a notifiable disease) is sent by the institution staff concerned to the medical officer of health of the district to which the patient belongs.

The Minister recognises that local health authorities in fulfilling their responsibility under Section 28 of the National Health Service Act also need to receive every help from the hospital services, especially from physicians in charge of chest clinics, and in particular that their medical officers of health should have information from clinic records freely available to them. He has asked regional hospital boards to see that this help is everywhere forthcoming and to impress on those in charge of chest clinics that it is their duty to provide a medical officer of health with any information he may reasonably require for this purpose. Boards have also been urged to see that chest physicians concern themselves fully with the preventive and after-care aspects of tuberculosis and treat these as being as important as their clinical duties.

Contacts of cases of tuberculosis are examined by the chest physicians. This also applies in those cases where tuberculosis is not ascertained until the death of the patient. In the County area during 1953, 797 contacts were examined as compared with 231 notified cases.

There is no specific county-wide scheme for ascertaining early cases amongst children and others. Some are detected by the mass radiography service ; others are referred to chest physicians by general practitioners ; they are then kept under supervision and if necessary admitted to hospital. Mass miniature radiography service surveys are helpful but are only held at infrequent intervals in certain of the more populated parts of the Riding. It is not practicable to arrange for mass radiography in some of the more rural parts of the county administrative area.

Many cases of tuberculosis after reaching a stage of quiescence return to their former employment. If that is entirely unsuitable the case is referred to the Ministry of Labour Resettlement Officer with a view to finding more suitable employment. Close contact is maintained between chest physicians and Disablement Resettlement Officers.

PREVALENCE OF INFECTIOUS DISEASES.

The number of infectious diseases notified to the local medical officer of health of the several sanitary districts during 1953 is given in table 7 at the end of this report. There were only three notified cases of diphtheria during the year : two deaths were attributed to this cause and in both cases the patient had not been immunised at any time.

The Public Health (Infectious Diseases) Regulations, 1953, which came into operation on the 1st April, 1953, superseded the Public Health (Infectious Diseases) Regulations, 1927 and the Infectious Diseases (London) Regulations, 1927.

In their general substance and form, the new regulations are similar to the old ; that is to say, they require notification of malaria, dysentery, acute primary pneumonia and acute influenzal pneumonia, and provide for preventive steps to be taken against a spread of certain diseases specified in the fourth schedule to the regulations. The provisions about action to be taken by local authorities and medical officers of health against the risk of food poisoning applied under the old regulations to enteric fever and dysentery. They now apply to " typhoid fever, para-typhoid fever and other salmonella infections, dysentery and staphylococcal infection likely to cause food poisoning." The new regulations provide for action to be taken, not only as regards a person suffering from the disease in question, but also a person shown to be a carrier of the disease ; and a person in either class may now be prevented, not only from continuing to work in an occupation connected with food or drink, but also from entering such an occupation.

VENEREAL DISEASES.

The following table gives the summary of the first attendances made by North Riding patients at the hospital named during the years 1944 to 1953 :—

Treatment Centre.	Number of North Riding patients treated for the first time.									
	1944	1945	1946	1947	1948	1949	1950	1951	1952	1953
Darlington General Hospital ..	52	61	84	52	53	39	55	30	24	23
Harrogate General Hospital ..	2	11	5	8	6	6	11	1	1	2
Leeds General Infirmary ..	—	4	4	3	1	2	6	8	2	8
Middlesbrough General Hospital ..	104	181	288	212	145	167	159	121	112	100
Scarborough Hospital	192	195	181	162	110	108	95	52	74	54
Stockton & Thornaby Hospital ..	74	71	98	72	66	48	33	25	33	26
York County Hospital	55	49	90	51	68	44	27	27	30	41
South Shields ..	—	—	—	—	—	—	—	—	—	4
Totals ..	479	572	750	560	454	414	386	264	276	258

LABORATORY FACILITIES.

A comprehensive service is available at the two laboratories of the Public Health Laboratory Service that have been established at Northallerton and Middlesbrough. In addition to undertaking the examination of specimens the directors of the laboratories can help when required in epidemiological field work in co-operation with medical officers of health. The Middlesbrough laboratory serves Durham, in addition to the Tees-side Guisborough and Whitby area of the North Riding. The Northallerton laboratory serves the remainder of the Riding, except for the Scarborough area which relies on a similar laboratory at Hull and to a lesser degree on a clinical laboratory at the Scarborough Hospital for this service.

The Northallerton laboratory is also a main distributing centre for diphtheria prophylactics and vaccine lymph for immunising persons against diphtheria and smallpox respectively.

The Public Health Laboratory Service is concerned with laboratory aspects of public health and was constituted by the National Health Service Act as an organization separated from the hospital services controlled by the Regional Boards. Central reference laboratories on particular public health problems have been set up and the facilities of these laboratories are available to the whole country through the branch laboratories of the service. In the North Riding two public health laboratories, though not controlled by the Regional Hospital Boards, are situated by arrangement alongside the hospital clinical laboratories at the Friarage Hospital, Northallerton, and the General Hospital, Middlesbrough. As a result of this, a most valuable integration of laboratory aspects of preventive and clinical medicine has been possible.

HOUSING.

The publication during the year of the Government White Paper—"Houses, the next Step,"—heralded long overdue measures to deal with housing repair, re-conditioning and slum clearance and emphasized the need to complete a survey of rural and urban housing conditions. In fulfilment of their statutory obligations under the Housing Act, 1936, Sec. 5, all local authorities should be in possession of housing inspection records for their districts and detailed information should be available in respect of houses in rural areas from the rural housing survey carried out under the auspices of the Rural Housing Advisory Committee. This rural housing survey has made little progress during the year, only a further 2·5% of the houses having been surveyed; the figures at the 31st March, 1954, were as follows :—

Total number of houses to be surveyed	..	..	37,122
Total number of houses surveyed	..	..	25,797

The houses surveyed to date have been placed in the following categories

Category 1.	Satisfactory in all respects	..	7,735
Category 2.	Minor defects	.. ..	8,084
Category 3.	Repairs or structural alterations	..	7,256
Category 4.	Suitable for improvement under the Housing Act, 1949	.. ..	2,169
Category 5.	Unfit for habitation	.. ..	2,722

In an endeavour to assist local authorities to complete the rural housing survey the Health Committee agreed to the temporary curtailment of certain routine duties of the county health inspectors and their participation in the survey; Aysgarth R.D.C., Malton R.D.C. and Scarborough R.D.C. accepted offers of assistance and 83 houses were inspected during the months of November and December, 1953.

The number of applications for grants under the Housing Act, 1949, were approximately double those for the year 1952, but having regard to the number of houses in Category 4 of the Rural Housing Survey it is apparent that advantage is not being taken of the facilities provided by this legislation.

DISTRICT.	Number of Houses erected		Housing Act, 1949. Sec. 20.			
	By Local Authority	By Private Persons	Number of applications received	Number of Grants made	Number of Grants refused	Number of Grants pending
A.—URBAN.						
1. Eston	217	7	1	..	..	1
2. Guisborough ..	148	3	1	..	1	..
3. Loftus	125	3	..	..	..	..
4. Malton	28	4	..	..	..	..
5. Northallerton ..	52	18	1	1	..	..
6. Pickering	19	9	1	..	1	..
7. Redcar	129	33	2	..	..	2
8. Richmond	27	3	1	1	..	..
9. Saltburn and Marske	77	5	1	..	..	1
10. Scalby	2	18	..	..	..	..
11. Scarborough ..	266	44	30	6	15	9
12. Skelton and Brotton	56	9	1	1	..	..
13. Thornaby-on-Tees	98	29	4	2	..	2
14. Whitby	65	20	..	..	..	..
Total Urban ..	1,309	205	43	11	17	15
B.—RURAL.						
1. Aysgarth .. ..	..	1	..	..	..	..
2. Bedale	46	..	1	1	..	..
3. Croft .. ..	..	3	..	..	..	..
4. Easingwold	57	20	2	..	2	..
5. Flaxton	89	73	3	3	..	..
6. Helmsley	24	2	2	2	..	1
7. Kirbymoorside ..	10	3	2	..	2	..
8. Leyburn	12	7	3	2	..	1
9. Malton	18	5	12	12	..	..
10. Masham .. ..	..	1	..	..	..	..
11. Northallerton ..	48	33	3	..	3	..
12. Pickering	9	9	2	1	..	1
13. Reeth .. ..	..	4	1	..	1	..
14. Richmond	27	3	3	..	3	..
15. Scarborough ..	26	18	..	..	..	..
16. Startforth	12	1	..	..	..	..
17. Stokesley	54	59	6	4	1	1
18. Thirsk	38	26	7	2	1	4
19. Wath	22	3	3	3	..	..
20. Whitby	51	13	1	1	..	..
Total Rural ..	543	284	51	31	13	8
Administrative County..	1,852	489	94	42	30	23

Housing (Rural Workers) Acts, 1926—1942.

Signed statements have been obtained during the year from the owners of houses subject to grants under these Acts as to the occupations of the tenants and the rents charged for the houses. The particulars have been checked in certain cases.

During the year applications were received for permission to increase the maximum rents of four cottages as a result of further works and these were granted.

Applications were received from the owners to repay the grants in the case of four cottages, and with the consent of the Minister of Housing and Local Government, repayment was made.

Housing (Financial and Miscellaneous Provisions) Act, 1946.

Under section 8 of the Act annual contributions for 60 years continue to be made to County District Councils where the Minister of Housing and Local Government has approved of contributions under section 3 being made for houses provided for the agricultural population.

WATER SUPPLIES.

No major schemes of water supply involving regional or comprehensive area supplies were submitted during the year ; of the seven schemes examined five were for extension of mains from existing supplies, largely to meet the needs of agriculture and in some cases at unreasonably high cost.

The greater part of the Riding is now supplied with water from regional water supply sources either entirely or by augmentation of local supplies ; insurance against total cessation of supplies from mechanical breakdown or other causes, is now fairly comprehensive by reason of inter-linkage. The position in the north-eastern part of the Riding may have been further improved if the efforts of the Ministry of Housing and Local Government to form a joint Board with the existing Tees Valley Water Board as the nucleus, had been more successful ; two meetings were held at which representatives of local authorities and water companies expressed their views on the proposal. There were a number of dissentients, but the meetings were instrumental in promoting liaison between the Tees Valley Water Board and adjoining statutory water undertakers ; future participation in a Joint Board on a limited scale may ultimately take place.

The seven schemes submitted for observation during 1953 were the subject of reports by the county health inspectors and where necessary by the county consulting engineers (Messrs. Binnie, Deacon and Gourley). Brief details of the schemes with estimated costs, are as follows :—

Authority	Date Submitted	Object	Estimated cost £
Northallerton U.D.C.	3-1-53	Extension of water mains for agricultural purposes in the Parish of Brompton.	13,216
do ..	3-1-53	Extension of water mains for agricultural purposes in the Parish of Romanby.	3,700
Easingwold R.D.C. ..	17-2-53	Water main extension— Easingwold Road, Huby.	926
Helmsley R.D.C. ..	2-4-53	Water supply scheme— Cold Kirby and Scawton.	16,850
Scarborough R.D.C. ..	15-9-53	Laying of length of 4" water main to augment the supply in Racecourse Road, Betton Rise areas—Ayton Water Undertaking.	680
Startforth R.D.C. ..	17-1-53	Water supply scheme for the Village of Bowes and Bowes Cross area.	14,740
Thirsk R.D.C. ..	10-7-53	Water mains extension to Birdforth and Osgodby.	3,100

The following meetings convened by the Ministry of Housing and Local Government were attended and reported upon by the county health inspectors :—

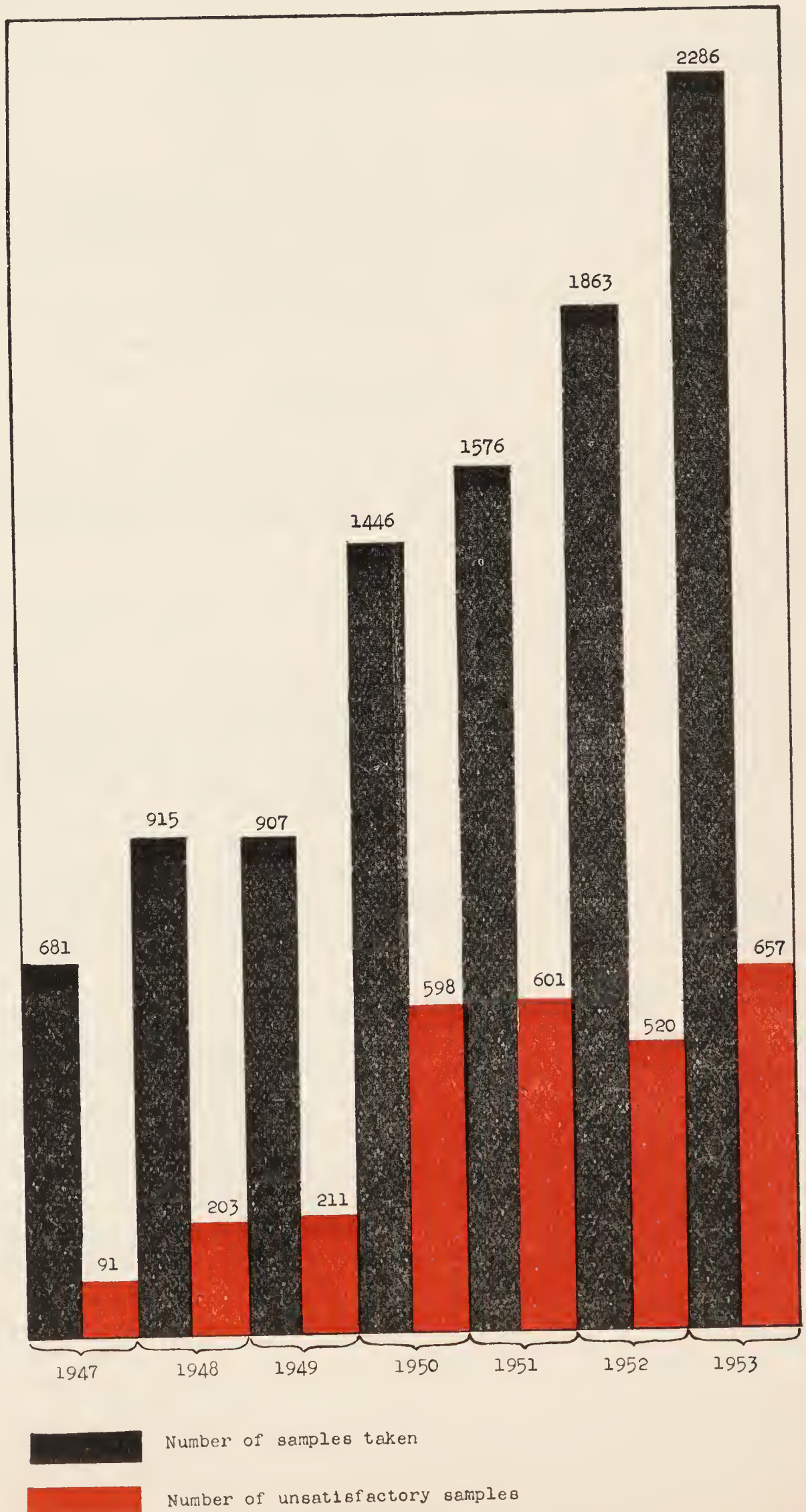
Authority	Date of Meeting	Scheme
Tees Valley Water Board	23-10-53	North East Development Area Water Survey—proposal for the formation of a Joint Board. Investigation into progress of work—Regional water supply scheme.
	10-11-53	
Whitby R.D.C. ..	4-6-53	

In connection with new proposals for improvements in water supply, 152 inspections of existing and potential sources of supply were made by the county health inspectors.

Supervision and sampling of water supplies.

The improvement in the potability of water supplies, to which I referred in my report for 1952, has continued during 1953 and may be expected to improve still further as regional schemes extend. Some credit for this improvement must also be attributed to increased supervision of supplies in recent years. Reference to the following block graph shows that in seven years the number of samples taken annually has risen from 681 to 2,286. Despite this remarkable increase it is regrettable that some authorities give inadequate attention to sampling of supplies, *i.e.* officers of Masham R.D.C.

have taken only two samples during the year and Leyburn R.D.C. six, five of which were in Ministry of Health Classification 4 (unsatisfactory) for piped water supplies. As the arrangements with the Public Health Laboratory service are quite adequate to deal with regular sampling of supplies, it is difficult to find any valid reason for failure on the part of these local authorities to carry out their obligations. It is fortunate that in the named districts the county health inspector has obtained 36 samples from schools, thereby providing a check on the supplies concerned.



A detailed statement of the number and results of samples taken by individual sanitary authorities is given in the following table.

DISTRICT	1953							
	Chemical analysis			Bacteriological examination			Type of Supply	
	Total taken	Satisfactory	Unsatisfactory	Total taken	Satisfactory	Unsatisfactory	Public	Private
URBAN								
*Eston	6	6	—	6	6	—	1	—
Guisborough	1	1	—	40	25	15	3	2
Loftus	2	2	—	12	11	1	4	—
Malton	—	—	—	41	40	1	1	5
Northallerton	—	—	—	28	23	5	1	—
Pickering	—	—	—	43	32	11	1	50
Redcar Borough	32	32	—	32	32	—	3	—
†Richmond Borough	—	—	—	56	32	24	1	7
Saltburn & Marske	—	—	—	13	10	3	1	—
Scalby	52	52	—	17	17	—	2	4
Scarborough Borough	9	9	—	389	355	34	2	4
Skelton & Brotton	2	2	—	13	12	1	4	—
*Thornaby Borough	—	—	—	4	4	—	1	—
Whitby	—	—	—	38	33	5	1	—
Total Urban	104	104	—	732	632	100	26	72
RURAL.								
Aysgarth	—	—	—	31	12	19	17	169
Bedale	—	—	—	32	32	—	1	47
Croft	—	—	—	9	4	5	1	3
Easingwold	1	1	—	80	57	23	1	3
Flaxton	2	2	—	50	45	5	2	—
Helmsley	—	—	—	80	31	49	13	3
Kirbymoorside	—	—	—	50	32	18	6	—
Leyburn	1	1	—	6	2	4	20	8
Malton	1	—	1	10	9	1	1	1
Masham	—	—	—	2	2	—	5	—
Northallerton	1	1	—	55	26	29	5	1
Pickering	2	2	—	28	16	12	9	2
Reeth	1	1	—	15	5	10	15	2
Richmond	8	3	5	34	6	28	16	8
Scarborough	2	2	—	824	569	255	8	6
Startforth	2	2	—	25	9	16	9	9
Stokesley	6	6	—	38	30	8	5	3
Thirsk	—	—	—	14	9	5	6	6
Wath	8	8	—	46	37	9	7	1
Whitby	—	—	—	125	64	61	11	13
Total Rural	35	29	6	1554	997	557	158	284
Administrative County	139	133	6	2286	1629	657	184	356

* Supply provided by Tees Valley Water Board.

† Figures include samples of raw water prior to chlorination.

649 samples of water were taken during the year by the county health inspectors ; the majority were taken from schools and particularly from schools having supplies which were “ suspect ” ; this accounts for the high proportion failing in bacteriological examination. The results of these samples are given below :—

Test	No. taken	Satis- factory	Unsatis- factory	Remarks
Bacteriological examination	649	472	171	6 not examined
Chemical analysis ..	3	3	—	—

As a result of the above sampling a number of schools having “ doubtful ” or unsatisfactory supplies were the subject of recommendations to boil all water prior to human consumption.

Samples were taken weekly during the year from the Ryedale Water Board pumping station at East Ness, raw and chlorinated water was shown to be of a consistently high degree of purity .

Tests for residual chlorine were made regularly at Brompton Hall and Welburn Hall Special Schools and from other sources where chlorination is necessary to safeguard the consumer.

SEWERAGE AND SEWAGE DISPOSAL.

Ten schemes for the provision or extension of sewerage and sewage disposal facilities were submitted during the year and were approved in principle after examination by the county health inspectors and county consulting engineers ; details of the local authorities and areas concerned, together with estimates of the cost of the proposals are as follows :—

Authority	Date Submitted	Object	Estimated Cost £
Guisborough U.D.C.	8-10-53	Wilton sewerage scheme for Lazenby and Lackenby.	30,000
Easingwold R.D.C. ..	17-7-53	Sewerage and disposal scheme for Crayke (revised).	12,750
Helmsley R.D.C. ..	31-7-53	Reconstruction of sewage disposal works—Oswaldkirk.	2,550
Malton R.D.C. ..	7-2-53	Sewerage scheme for Slingsby village (revised).	16,000
Malton R.D.C. (jointly with Flaxton R.D.C.)	8-4-53	Sewerage and sewage disposal scheme—Sheriff Hutton and Lilling (revised).	26,500
Pickering R.D.C. ..	9-4-53	Sewerage and sewage disposal scheme—Parish of Middleton.	7,612
Scarborough R.D.C. ..	9-2-53	Seamer and Ayton sewerage extension scheme.	6,121
do ..	25-2-53	Seamer Regional Scheme—Chapel Lane, Cayton	343
do ..	6-7-53	Seamer Regional Scheme—laying of sewer connections to serve Parish of Cayton.	1,582
Stokesley R.D.C. ..	11-12-53	Relaying of sewer at Springfield, Stokesley.	1,686

The Ministry of Housing and Local Government held nine meetings to consider proposals for, or details regarding progress with, sewerage and sewage disposal schemes for the following areas :—

Authority	Date of Meeting	Scheme
Scalby U.D.C. ..	25-2-53	Additional flood and relief sewers.
Helmsley R.D.C. ..	24-2-53	Sewerage and sewage disposal—Ampleforth.
Malton R.D.C. ..	8-7-53	Sewage disposal works—Brawby.
Richmond R.D.C. ..	20-1-53	Sewerage and sewage disposal—Hudswell.
	7-7-53	Sewerage and sewage disposal—Scorton and Bolton-on-Swale.
	15-9-53	Scheme for Gilling.
	15-9-53	„ „ North Cowton.
	16-9-53	„ „ Aldbrough St. John
	16-9-53	„ „ Eppleby.

The above meetings were attended by the county health inspectors who also made 125 inspections of new schemes in progress and existing sewerage and sewage disposal facilities. The attention of the Ministry of Housing and Local Government was drawn to the failure of a local authority in the Riding to carry out in their entirety, as approved for grant aid, works of sewerage and sewage disposal and to maintain the disposal works in satisfactory condition ; payment of grant under the Rural Water Supplies and Sewerage Act, 1944 was withheld pending improvements to the works and completion of the scheme as originally submitted. The need to take advantage of sewage disposal facilities has been stressed in previous annual reports but in view of the circumstances quoted above, one can hardly over-emphasize this need.

During the year under review the following work has been carried out in the county districts in connection with sewerage and sewage disposal :—

BEDALE R.D.—New and larger tanks installed at Nosterfield ; land irrigation system improved.

EASINGWOLD R.D.—Work commenced on sewerage and sewage disposal schemes for Helperby, Brafferton and Shipton.

HELMSLEY R.D.—Ampleforth sewage disposal works enlarged ; works of sewerage completed at Ampleforth and (jointly with Kirbymoorside R.D.C.) for Beadlam and Harome.

KIRBYMOORSIDE R.D.—Sewerage scheme for Nawton village completed in conjunction with Helmsley (see above).

LEYBURN R.D.—Schemes of sewerage and sewage disposal completed for West Witton, Hunton, Patrick Brompton, Newton-le-Willows.

MALTON R.D.—Sewerage and sewage disposal scheme completed for Welburn village and works in operation.

NORTHALLERTON R.D.—Brompton-Romanby sewerage and sewage disposal works have been completed and work commenced on sludge drying beds at Osmotherley sewage disposal works.

SCARBOROUGH R.D.—The work of enlarging Seamer sewage disposal works to meet increasing needs of the area served has been completed.

STARTFORTH R.D.—Work on the Mickleton sewerage and sewage disposal scheme was commenced in April and is progressing.

THIRSK R.D.—Thirsk and Sowerby sewerage and sewage disposal scheme was commenced during the year.

Having regard to the limits imposed on capital expenditure by the Ministry of Housing and Local Government, progress in providing adequate sewage disposal facilities in the rural areas has been fairly good, but much remains to be done, particularly in the dales where the unsatisfactory conditions have been the subject of special reports by the medical officer of health for the Richmond and Startforth rural districts (Dr. F. W. Gavin).

REFUSE DISPOSAL.

The majority of the urban authorities in the Riding now dispose of refuse by controlled tipping, only two areas retaining uncontrolled tipping, a policy largely influenced by the difficulties of collection from the rural parts of the urban districts concerned. No important changes have occurred in the districts of rural authorities where improvements in this essential but costly service are often retarded by special problems of collection and disposal. At the end of the year 1953, eleven of the urban authorities disposed of refuse by controlled tipping, one by incineration and two by uncontrolled tipping; seven of the rural authorities disposed of refuse by controlled tipping, nine by partially controlled tipping, one by incineration and uncontrolled tipping and three by uncontrolled tipping entirely. A disquieting feature in rural areas has been the indiscriminate tipping of refuse by private individuals and the rubbish left by nomads, often on grass verges of the highways; more positive action may become necessary by local authorities to eliminate these causes of nuisance.

The methods of refuse disposal, frequency of collection and estimated cost of the service provided by the urban and rural authorities in the Riding are given in the summary on page 64.

From inspections made of refuse disposal tips by the county health inspectors it is apparent that the interpretation of controlled tipping is somewhat varied; shortages of suitable covering material in many districts makes strict adherence to Ministry recommendations for this method of disposal difficult. It is largely for this reason that the description "partially controlled" is applied to many tips in the Riding and although such tips are not entirely satisfactory, these are infinitely preferable to indiscriminate tipping with its danger to public health.

District	Estimated cost of service	Method of refuse disposal—1953	Frequency of collection improvements to service, etc.
URBAN	£		
Eston ..	10,935	Controlled tipping	Weekly collection
Guisborough ..	3,700	do ..	do
Loftus ..	3,100	do ..	do
Malton ..	1,969	do ..	do
Northallerton ..	2,497	Uncontrolled tipping	do
Pickering ..	950	do ..	Bullamoor and Hailstone Moor—3 weekly collection. Weekly collection in town area. Quarterly collection at Stape and Beansheaf.
Redcar Borough ..	13,554	Controlled tipping	Weekly collection.
Richmond Borough	—	do ..	do
Saltburn & Marske	4,011	do ..	do
Scalby ..	2,785	do ..	do
Scarborough Borough ..	39,303	do ..	do
Skelton & Brotton	4,439	do ..	do
Thornaby Borough	7,600	do ..	do
Whitby ..	7,010	Incineration ..	do
RURAL			
Aysgarth ..	665	Partially controlled	Fortnightly collection.
Bedale ..	2,500	Controlled tipping	Bins collected weekly in Bedale, Aiskew and Leeming Bar. Fortnightly collections in other areas. Ashpits cleared at 10-12 weekly intervals.
Croft ..	635	Partially controlled tipping.	Fortnightly collection.
Easingwold ..	4,000	Controlled tipping	10 day collection—privy middens monthly.
Flaxton ..	3,253	Partially controlled	Weekly collection from all area served.
Helmsley ..	1,013	do ..	Fortnightly collection.
Kirbymoorside ..	1,174	do ..	Weekly collection in Kirbymoorside, Naworth, Wombledon, Kirby Mills and Welburn. Monthly collection elsewhere.
Leyburn ..	1,436	Uncontrolled tipping	Weekly collection—Leyburn and Middleham. Fortnightly collection—remainder of area.
Malton ..	500	Partially controlled	Collection monthly.
Masham ..	463	Controlled tipping	Weekly collection—Masham township. Fortnightly collection—other parts where served.
Northallerton ..	2,970	Partially controlled	Weekly collection—Ainderby Steeple, Morton, Swale, Thrintoft, Brompton and Romanby. Fortnightly collection—other areas. Ashpits emptied at 2-3 monthly intervals.
Pickering ..	445	Uncontrolled tipping	Fortnightly collection in villages, every 3 weeks in other parts.
Reeth ..	1,040	Partially controlled	Weekly collection. Farms monthly
Richmond ..	1,560	do ..	Weekly collection
Scarborough ..	1,048	Controlled tipping	Fortnightly collection from large communities. Monthly collection from small communities served.
Startforth ..	2,728	do ..	Weekly collection.
Stokesley ..	7,998	do ..	Weekly collection except two parishes fortnightly.
Thirsk ..	7,495	Uncontrolled tipping	Weekly collection from bins and pails. Monthly collection from privy middens and ashpits.
Wath ..	650	Controlled tipping	Fortnightly collection.
Whitby ..	4,627	Uncontrolled 85% Incineration 15%	Weekly collection in 30 villages. Fortnightly collection in 10 villages. Monthly collection in 10 villages.

NUISANCES.

Comment on the few instances in which legal proceedings have been necessary for the abatement of nuisances is made each year in these reports, but as an example of co-operation between officials and the general public in the field of environmental hygiene, favourable comment will bear repetition.

A statistical survey of work done by local authorities in the county is given in the following table.

NUISANCE INSPECTIONS (other than Housing inspections).

DISTRICT	No. of inspections	Nuisances found	Informal notices served	* Complied with	Statutory notices served	* Complied with	Legal proceedings
URBAN							
Eston ..	2963	2391	1399	1381	40	39	—
Guisborough ..	363	363	248	235	—	—	—
Loftus ..	415	93	43	39	60	58	—
Malton ..	102	34	30	25	1	1	—
Northallerton ..	498	247	158	157	9	12	—
Pickering ..	39	32	19	19	—	—	—
Redcar Borough† ..	5781	5639	5639	5635	—	—	—
Richmond Borough ..	422	416	376	376	1	1	—
Saltburn & Marske ..	1127	314	111	108	—	—	1
Scalby ..	120	40	40	40	—	—	—
Scarborough Borough ..	1580	712	179	106	73	68	1
Skelton & Brotton ..	1727	489	489	531	—	3	—
Thornaby Borough ..	974	803	647	529	152	145	—
Whitby ..	408	114	114	90	8	8	—
RURAL.							
Aysgarth ..	68	27	25	24	—	—	—
Bedale ..	37	35	28	27	—	—	—
Croft ..	21	7	—	—	—	—	—
Easingwold ..	323	46	83	88	6	5	—
Flaxton ..	132	30	30	30	—	—	—
Helmsley ..	65	53	53	51	—	—	—
Kirbymoorside ..	66	36	36	35	—	—	—
Leyburn ..	35	11	—	—	—	—	—
Malton ..	58	16	4	4	—	—	—
Masham ..	309	21	21	21	—	—	—
Northallerton ..	379	340	340	335	4	3	—
Pickering ..	5	3	—	—	—	—	—
Reeth ..	74	16	5	5	—	—	—
Richmond ..	458	36	36	28	2	1	—
Scarborough ..	66	43	43	41	—	—	—
Startforth ..	156	78	10	6	—	—	—
Stokesley ..	248	132	33	33	5	5	—
Thirsk ..	1096	93	65	64	—	—	—
Wath ..	42	15	14	12	—	—	—
Whitby ..	167	70	13	13	—	—	—
Totals ..	20324	12795	10331	10088	361	349	2

* These figures include notices pending at the end of 1952.

† These figures include nuisances found during housing inspections, which are not included in the returns of other authorities.

INSPECTION AND SUPERVISION OF FOOD.

Food poisoning notifications.

There was a slight decrease in the number of food poisoning cases notified during the year. The number of notifications received from district medical officers of health are given in Table 7 on page 80.

Food poisoning and contamination.

An outbreak of food poisoning due to salmonella typhimurium occurred in the Thirsk rural district. Following a request for assistance in tracing the source of infection, officers of the county council, the Thirsk R.D.C. and the Public Health Laboratory service co-operated and, as a result of their combined efforts in the field and laboratory, the outbreak did not attain serious proportions. The first case arose on a farm on which milk was produced for retail sale in the village ; samples of milk produced on the farm, groceries on sale in the village shop and the water supply to the village were taken for bacteriological examination. House to house visits were made to ascertain the source of supply of comestibles and to obtain information regarding any individual symptoms. As a result of these enquiries 28 rectal swabs were obtained from suspects and amongst these were members of the milk producer's family. Salmonella typhimurium was isolated from the milk. The milk supply was diverted for pasteurisation. After clinical examination and later post-mortem examination of a sick animal, the veterinary officer of the Ministry of Agriculture and Fisheries confirmed that this cow in milk was the original source of infection. Only one person was sufficiently ill to require hospital treatment.

Food Hygiene.

An innovation during the year was the series of lectures and film shows on food hygiene given by the county health inspectors to catering staffs in hospital kitchens ; this co-operation followed the issuing of a circular on food hygiene in hospital kitchens, which was sent to all Hospital Management Committees. These educational facilities were subsequently extended to kitchen staffs of Children's Homes, County Homes and a few senior classes in schools ; the latter field might with advantage be extended.

In addition, county health inspectors have inspected premises used for the preparation of school meals and methods of food handling have been noted ; unsatisfactory features have been brought to the notice of the officers concerned.

Cleanliness is essential wherever food is prepared but is of the greatest importance in communal feeding, *i.e.* in works canteens, restaurants, school canteens, and the like. These conditions are more prevalent in thickly populated areas ; adequate attention does not appear to be given to this matter in the rural districts of the Riding. During summer there is a considerable amount of catering for visitors in rural areas in the county and regular inspections should be made of all catering premises including hotels—large and small.

MILK SUPPLIES.

MILK (SPECIAL DESIGNATION) (PASTEURISED AND STERILISED MILK) REGULATIONS 1949-1953.

As licensing authority, the County Council are responsible for ensuring that the facilities for handling, treatment and storage of milk on premises licensed for the production of pasteurised milk are satisfactory.

Seven pasteurising plants have operated continuously throughout the year,—two H.T.S.T. (high temperature short-time) plants and five Holder type plants.

In order to ensure that the milk pasteurised by these plants complies with the legal standards and that the consumer receives a safe product of satisfactory keeping quality, regular sampling of the milk is necessary, the degree of protection afforded to the consumer being proportionate to the frequency of inspection and sampling. Inspection of plants, processing methods, and temperature records have been made by the county health inspectors when making weekly sampling visits, a statistical summary of the results of this work being as follows :—

Type of Plant	No. of Inspections	No. of samples taken	Phosphatase test		Methylene Blue test		Biological examination	
			Passed	Failed	Passed	Failed	Negative	Positive
H.T.S.T. ..	54	153	153	—	153	—	—	—
Holder ..	213	404	396	6	389	4	4	—
Total ..	267	557	549	6	542	4	4	—

The number of samples taken during the year has increased, whilst the number of sample failures has remained constant with that for the year 1952 :—a further slight improvement on figures previously regarded as satisfactory.

The six phosphatase test and four methylene blue reduction test failures have been sporadic and were not confined to any particular dairy. Reasons for the failures have not always been apparent on inspection, some phosphatase failures have been due to reduction of time-temperature concentration in pasteurisation, in an endeavour to preserve visible cream content ; there may however, be some significance in the fact that all samples failing the tests have been taken from plants of the Holder type, which owing to the retention period of the process, afford greater opportunities for the growth and lodgement of thermophilic bacteria than H.T.S.T. plants in which milk flows continuously through the plant.

The results of bottle rinse tests taken from various types of bottle washing machines at the pasteurising dairies have continued to be unsatisfactory, although there has been a slight improvement on the overall results for the year when compared with those for the year 1952 ; the percentage of failures for 1952 being 31·7% and for 1953, 28·1%. Milk is bottled at six

of the licensed pasteurising dairies and the results of rinse tests from each dairy are given below :—

Producer	No. of bottles taken	Satisfactory	Unsatisfactory
No. 1 ..	69	67	2
No. 2 ..	93	62	31
No. 3 ..	100	56	44
No. 4 ..	113	83	30
No. 5 ..	151	96	55
No. 6 ..	80	70	10
Total ..	606	434	172

That bottle rinse failures have not increased the number of failures of samples of milk submitted to the methylene blue reduction tests, must be attributed to good fortune ; this fact was not allowed to deter the introduction of routine checking of bottles nor the thorough investigation of the causes of failures. The producers have co-operated fully in this investigation which has been carried out by the county health inspectors in conjunction with the Medical Research Council public health laboratory staffs at Northallerton and Hull ; machines have been dismantled for detailed inspection and samples have been taken at various stages of the bottle washing process, from

- (a) mains water entering the plant ;
- (b) pre-rinse water from jets ;
- (c) detergent solution from jets and tanks ;
- (d) final rinse water from jets ;
- (e) slime deposits in final rinse tanks.

The results of the investigation were inconclusive so far as the provision of evidence that any individual operation was at fault, but were indicative of cumulative omissions which called for (1) more frequent dismantling, descaling and sterilisation of the bottle washing machine ; (2) strict adherence to temperatures at which detergents operate with greatest efficiency ; (3) checking of detergent strength prior to each operation of plant ; and (4) careful inspection of washed bottles prior to filling.

In the cases of three producers, bottle rinse failures became continuous from Dec., 1952—March, 1953 and recurred in Dec., 1953 ; these are months when one normally expects fewer adverse results, a fact which further complicates investigations. The use of different non-statutory standards of cleanliness for milk bottles by the Medical Research Council who carry out tests for the licensing authority, and by the National Milk Testing and Advisory Service of the Ministry of Agriculture and Fisheries, who operate a contributory service for the producers, on occasion results in the production of widely divergent and irreconcilable reports. This state of affairs is not conducive to the maintenance of the co-operation between licensing authority and licensee, which is so essential for efficient administration and supervision. If legal standards are impracticable, there should at least be standardisation by agreement.

School Milk Supplies.

During the year 1953 the county health inspectors took 1,116 samples of milk from supplies to schools ; pasteurised milk, accredited milk and non-designated milk supplies have been sampled quarterly, and tuberculin tested supplies half-yearly. Continued efforts have been made to eliminate non-designated milk supplies to schools and some progress has been possible in the dales areas where a supply of pasteurised milk has become available for a number of schools previously supplied with non-designated milk. Non-designated milk supplies are now confined to a few schools in remote areas for which no other type of liquid milk is available.

A comparative statement of the grades of milk supplied to schools on the 31st December, 1951, 1952 and 1953, is as follows :—

	31-12-51	31-12-52	31-12-53
No. of schools supplied with :			
Pasteurised milk ..	247	264	292
Tuberculin Tested milk ..	83	64	57
Accredited milk ..	1	1	1
Non-designated milk ..	33	38	25
Dried milk ..	7	8	5
No supply ..	3	1	—

Pasteurised milk supplies are submitted to the phosphatase and methylene blue reduction tests and to biological examination if they fail the former ; tuberculin tested, accredited and non-designated supplies are subjected to biological examination for the presence of tubercle bacilli and brucella abortus. The results of testing and biological examination are as follows :—

Grade	No. taken	Methylene Blue test		Phosphatase test		Biological examination		Remarks
		Passed	Failed	Passed	Failed	Tb. Neg.	Tb. Pos.	
Pasteurised ..	882	815	43	875	5	5	—	23 samples not M.B. tested. 1 sample not tested.
Tuberculin Tested	131	3	—	—	—	127	—	4 samples not examined.
Accredited ..	4	—	—	—	—	3	1	—
Non-designated	99	1	3	—	—	94	—	3 samples not examined.

NOTE :—Where samples are listed above as not having been tested, this was due to atmospheric shade temperature in excess of 65° Fahr., souring of milk and/or death of guinea pig from intercurrent infection prior to completion of biological examination.

Of the 230 samples of school milk submitted to biological examination, one sample of “ Accredited ” milk was found to contain tubercle bacilli ; four samples of tuberculin tested milk and two samples of non-designated milk showed the presence of brucella abortus. The presence of tubercle bacilli in the sample of “ Accredited ” milk was reported to the Divisional Veterinary Officer of the Ministry of Agriculture and Fisheries ; on inspection, the herd was found to be free from infection, but as a cow suffering from induration of the udder had been slaughtered in the interim period between sampling and examination, it was presumed that this animal had been the source of infection.

When investigating the presence of brucella abortus in the six samples of school milk, 182 further samples were taken from individual animals by the county health inspectors for Ring and whey agglutination tests ; pending the results of these investigations, milk was heat treated prior to consumption at the schools.

A sample of non-designated school milk was found to contain haemolytic streptococci : these were traced by the Divisional Veterinary Officer to a case of bovine mastitis

Reports of unsatisfactory school milk supplies from a cleanliness standpoint, were investigated and representations were made to the retailers or, where supplies came from outside the county, to the licensing authorities concerned.

Milk supplied to the Children’s Committees homes and residential nurseries was sampled at regular intervals throughout the year ; the results of tests and biological examinations were as follows :—

Grade	No. taken	Meth : Blue test		Phosphatase test		Tubercle bacilli		Brucella abortus	
		Passed	Failed	Passed	Failed	Neg.	Pos.	Neg.	Pos.
Pasteurised ..	23	22	—	21	2	2	—	—	—
Tuberculin Tested	6	—	—	—	—	6	—	—	—

FOOD AND DRUGS (MILK, DAIRIES AND ARTIFICIAL CREAM) ACT, 1950,
SEC. 8—MILK BORNE INFECTIOUS DISEASE.

It has been possible to increase the number of samples of non-designated milk taken from producer-retailers, as a result of the improvement in facilities available for biological examination at the Public Health Laboratory, Northallerton ; 510 samples were taken from farms or in process of retail sale, and the results of the biological examinations are shown below :—

No. taken	Tubercle bacilli		Brucella abortus		No. of samples not examined
	Negative	Positive	Negative	Positive	
510	464	7	211	9	39

Details of samples which showed the presence of tuberculosis and/or brucella abortus infection were given to the Divisional Veterinary Officer of the Ministry of Agriculture and Fisheries ; animals responsible for infection of milk by tubercle bacilli were removed from the herds for slaughter under the Tuberculosis Order 1938. District Medical Officers concerned were notified to enable action to be taken under the Milk and Dairies Regulations 1949, Part VII, Regulation 20.

SAMPLING AT HOSPITAL DAIRY FARMS.

At the request of the Ministry of Health, milk produced at certain hospital farms was sampled according to their schedule ; 26 samples were taken from Clifton Mental Hospital and Fairfield Sanatorium Farms. There were no adverse results from biological examination for tuberculosis and brucella abortus and all samples passed the methylene blue reduction tests.

Food and Drugs Acts.

The sampling and examination comprise articles obtained under the Food and Drugs Acts, 1938-1950, Public Health (Condensed Milk) Regulations, 1923-1943, Public Health (Dried Milk) Regulations, 1923-1943, Public Health (Preservative in Food) Regulations and the Supplies and Services (Transitional Powers) Act, 1945.

I am indebted to the Chief Inspector of Weights and Measures (Mr. William C. Harrison) for the following statistics :—

Samples were taken from a wide range of foods and drugs and the following table indicates the results.

Total number of samples taken	Number Adulterated	Number Inferior	False Description
795	5	13	1

The following table shows the number and type of samples taken during the year which were found to be adulterated or inferior :—

Type of sample	Samples taken	Number adulterated	Number inferior	False description
Milk	373	5	6	—
Beef Sausages	12	—	2	—
Buttercup Syrup	1	—	1	—
Pork Sausages	8	—	2	—
Pork Sausage Meat	1	—	1	—
Beef Suet	17	—	1	—
Lard	6	—	—	1

TABLE 1.

Number of Births in each District during 1953.

DISTRICT.	Estimated mid-year home population 1953.	Total live births.	Illegiti- mate live births.	Birth- rate per 1,000 popu- lation.	Excess of births over deaths. (Natural increase)	Natural increase per 1,000 popu- lation.
A.—URBAN.						
1. Eston	33,530	709	36	21.1	366	10.9
2. Guisborough ..	9,032	171	4	18.9	66	7.3
3. Loftus	7,604	122	3	16.0	51	6.7
4. Malton	4,132	64	1	15.5	13	3.1
5. Northallerton ..	5,919	100	1	16.9	30	5.1
6. Pickering	4,301	53	5	12.3	—7	..
7. Redcar	27,490	455	17	16.6	147	5.3
8. Richmond	6,554	95	6	14.5	35	5.3
9. Saltburn and Marske	8,648	136	7	15.7	37	4.3
10. Scalby	6,190	72	3	11.6	5	.8
11. Scarborough ..	43,470	548	41	12.6	—115	..
12. Skelton and Brotton	12,810	195	9	15.2	36	2.8
13. Thornaby-on-Tees	23,880	478	16	20.0	238	10.0
14. Whitby	11,380	162	8	14.2	—49	..
Total Urban ..	204,940	3,360	157	16.4	853	4.2
B.—RURAL.						
1. Aysgarth	3,474	78	1	22.5	26	7.5
2. Bedale	8,182	134	5	16.4	64	7.8
3. Croft	2,564	57	4	22.2	35	13.7
4. Easingwold	12,550	197	4	15.7	70	5.6
5. Flaxton	19,450	290	13	14.9	47	2.4
6. Helmsley	5,426	69	5	12.7	25	4.6
7. Kirbymoorside ..	4,834	71	1	14.7	5	1.0
8. Leyburn	6,462	106	5	16.4	24	3.7
9. Malton	5,590	77	5	13.8	17	3.0
10. Masham	1,645	23	1	14.0	4	2.4
11. Northallerton ..	8,484	131	3	15.4	42	5.0
12. Pickering	5,085	79	5	15.5	21	4.1
13. Reeth	2,014	28	..	13.9	—7	..
14. Richmond	28,000	467	18	16.7	320	11.4
15. Scarborough ..	8,188	113	4	13.8	28	3.4
16. Startforth	4,878	73	2	15.0	22	4.5
17. Stokesley	17,420	310	2	17.8	117	6.7
18. Thirsk	13,670	217	10	15.9	73	5.3
19. Wath	3,494	69	2	19.7	41	11.7
20. Whitby	11,850	176	7	14.9	11	.9
Total Rural ..	173,260	2,765	97	16.0	985	5.7
Administrative County ..	378,200	6,125	254	16.2	1,838	4.9

TABLE No. 2.

Number of Deaths in each District during 1953.

DISTRICT.	Estimated mid year home population, 1953	Total deaths.	Death-rate per 1,000 population.	Deaths under 1 year.	Total infantile mortality per 1,000 live births.	Illegitimate children, deaths under 1 year.	Illegitimate children, deaths under 1 year per 1,000 illegitimate live births.
A.—URBAN.							
1. Eston ..	33,530	343	10.2	29	40.9	2	55.6
2. Guisborough ..	9,032	105	11.6	8	46.8	1	250.0
3. Loftus ..	7,604	71	9.3	4	32.8	..	..
4. Malton ..	4,132	51	12.3	..	..	..	..
5. Northallerton ..	5,919	70	11.8	3	30.0	..	..
6. Pickering ..	4,301	60	14.0	..	..	..	..
7. Redcar ..	27,490	308	11.2	14	30.8	3	176.5
8. Richmond ..	6,554	60	9.2	5	52.6	..	..
9. Saltburn and Marske ..	8,648	99	11.5	4	29.4	1	142.9
10. Scalby ..	6,190	67	10.8	1	13.9	..	..
11. Scarborough ..	43,470	663	15.3	14	25.5	1	24.4
12. Skelton & Brotton ..	12,810	159	12.4	8	41.0	..	..
13. Thornaby-on-Tees ..	23,880	240	10.1	17	35.6	..	..
14. Whitby ..	11,380	211	18.5	4	24.7	..	..
Total Urban ..	204,940	2,507	12.2	111	33.0	8	51.0
B.—RURAL.							
1. Aysgarth ..	3,474	52	15.0	2	25.6	..	..
2. Bedale ..	8,182	70	8.6	1	7.5	..	..
3. Croft ..	2,564	22	8.6	2	35.1	..	..
4. Easingwold ..	12,550	127	10.1	4	20.3	..	..
5. Flaxton ..	19,450	243	12.5	5	17.2	1	76.9
6. Helmsley ..	5,426	44	8.1	3	43.5	..	..
7. Kirbymoorside ..	4,834	66	13.7	1	14.1	..	..
8. Leyburn ..	6,462	82	12.7	9	84.9	2	400.0
9. Malton ..	5,590	60	10.7	1	13.0	..	..
10. Masham ..	1,645	19	11.6	..	..	..	..
11. Northallerton ..	8,484	89	10.5	5	38.2	..	..
12. Pickering ..	5,085	58	11.4	1	12.7	..	..
13. Reeth ..	2,014	35	17.4	1	35.7	..	..
14. Richmond ..	28,000	147	5.3	17	36.4	1	55.6
15. Scarborough ..	8,188	85	10.4	4	35.4	..	..
16. Startforth ..	4,878	51	10.5	..	..	..	..
17. Stokesley ..	17,420	193	11.1	9	29.0	..	..
18. Thirsk ..	13,670	144	10.5	4	18.4	1	100.0
19. Wath ..	3,494	28	8.0	2	29.0	..	..
20. Whitby ..	11,850	165	13.9	3	17.0	..	..
Total Rural ..	173,260	1,780	10.3	74	26.8	5	51.5
Administrative County ..	378,200	4,287	11.3	185	30.2	13	51.2

TABLE 3.

Deaths according to Age-Groups, 1953.

CAUSES OF DEATH.	Sex	AGGREGATE OF URBAN DISTRICTS										AGGREGATE OF RURAL DISTRICTS							
		All Ages	0-	1-	5-	15-	25-	45-	65-	75-	All Ages	0-	1-	5-	15-	25-	45-	65-	
ALL CAUSES	M	1297	63	15	13	20	53	327	348	458	926	44	3	10	30	51	191	248	
	F	1210	48	5	6	6	52	238	303	552	854	30	9	9	5	34	153	231	
1. Tuberculosis, respiratory	M	15	..	..	..	1	4	10	..	..	5	..	..	..	..	..	3	1
	F	12	..	..	..	1	3	8	..	..	10	..	..	..	1	5	3	1
2 Tuberculosis, other	M	3	..	..	1	..	..	2	..	..	6	..	1	1	1	1	2	..
	F	5	..	1	..	..	1	3	..	..	3	..	1	..	..	1	1	..
3 Syphilitic disease	M	4	..	..	..	..	..	1	3	..	1	..	..	..	..	..	..	1
	F	1	..	..	..	..	..	..	1	..	..	..	..	..	..	..	..	..
4 Diphtheria	M	..	..	..	..	..	..	..	..	..	1	..	..	1	..	..	..	..
	F	1	..	..	1	..	..	..	..	..	..	..	..	..	..	..	..	..
5 Whooping cough	M	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
	F	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
6 Meningococcal infections	M	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
	F	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
7 Acute poliomyelitis	M	..	..	..	..	..	..	..	..	..	1	..	..	1	..	..	..	..
	F	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
8 Measles	M	1	..	..	1	..	..	..	..	..	..	..	..	..	..	..	..	..
	F	..	..	..	..	..	..	..	..	..	2	..	1	1	..	..	..	..
9 Other infective and parasitic diseases	M	4	..	1	1	..	..	1	..	1	3	..	..	..	1	2	..	..
	F	4	..	..	1	..	1	2	..	..	4	..	2	..	1	..	1	..
10 Malignant neoplasm, stomach	M	42	..	..	..	..	..	12	20	10	21	..	..	..	..	1	8	..
	F	36	..	..	..	..	2	5	19	10	18	..	..	..	..	..	2	..
11 Malignant neoplasm lung, bronchus	M	48	..	..	..	..	2	31	10	5	24	..	..	..	..	1	10	..
	F	9	..	..	..	..	1	5	2	1	5	..	..	..	..	..	2	..
12 Malignant neoplasm, breast	M	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
	F	31	..	..	..	..	4	13	8	6	23	..	..	..	..	3	9	..
13 Malignant neoplasm, uterus	F	19	..	..	..	..	5	9	2	3	10	..	..	..	..	2	5	..
14 Other malignant and lymphatic neoplasms	M	124	..	3	1	..	6	40	45	29	85	..	..	..	1	6	26	..
	F	126	..	..	..	..	5	37	39	45	63	..	..	..	..	4	22	..
15 Leukaemia, aleukaemia	M	2	..	..	..	..	..	2	..	..	1	..	..	..	..	..	..	..
	F	5	..	..	..	..	2	1	2	..	4	..	1	..	..	..	2	..
16 Diabetes	M	3	..	..	..	..	1	..	1	1	2	..	..	..	..	..	..	..
	F	12	..	..	..	..	..	3	4	5	7	..	..	..	..	1	2	..
17 Vascular lesions of nervous system	M	169	..	..	..	..	1	26	47	95	109	..	..	..	..	1	22	..
	F	211	..	..	..	..	4	34	63	110	146	..	..	1	1	3	24	..
18 Coronary disease, angina	M	200	..	..	..	..	6	71	73	50	167	..	..	..	..	9	47	..
	F	122	..	..	..	..	..	30	40	52	93	..	..	..	..	..	21	..
19 Hypertension with heart disease	M	23	..	..	..	..	..	5	5	13	18	..	..	..	..	..	3	..
	F	16	..	..	..	..	..	3	4	9	27	..	..	..	..	..	8	..
20 Other heart disease	M	229	..	..	..	..	4	27	51	147	153	..	..	..	..	2	17	..
	F	293	..	..	..	2	6	24	65	196	189	..	..	..	..	3	13	..
21 Other circulatory disease	M	41	..	..	..	..	..	5	17	19	39	..	..	..	1	1	6	..
	F	41	..	..	..	..	1	9	7	24	47	..	..	..	..	1	3	..
22 Influenza	M	4	..	..	..	..	..	2	..	2	9	..	..	..	..	1	..	..
	F	6	..	..	..	..	..	1	..	5	11	2	..	..	..	..	4	..
23 Pneumonia	M	50	10	3	1	1	..	8	12	15	35	6	..	..	..	1	4	..
	F	46	15	1	..	1	1	5	6	17	27	4	..	1	..	1	1	..	
24 Bronchitis	M	59	..	..	..	..	1	25	17	16	30	..	..	1	..	..	6	..
	F	28	1	..	..	..	1	5	9	12	23	1	..	..	..	..	4	..
25 Other diseases of respiratory system	M	6	..	..	..	..	..	3	3	..	8	..	..	..	..	2	2	..
	F	7	..	..	1	1	..	3	1	1	4	..	..	..	..	2	1	..
26 Ulcer of stomach and duodenum	M	19	..	..	..	..	2	8	6	3	10	..	..	..	..	..	1	..
	F	6	..	..	..	..	..	3	1	2	3	..	..	..	..	..	..	..
27 Gastritis, enteritis and diarrhoea	M	8	2	2	..	..	1	3	..	..	3	1	..	..	..	..	..	..
	F	6	..	..	..	..	..	..	3	3	2	1	..	..	1	..	..	..

Table 3—continued.

[illegible]

TABLE 4.

Deaths in Sanitary Districts from the seven chief causes, 1953.

DISTRICT	Cancer.		Heart disease.		Respiratory non-tuberculosis.		Tuberculosis-Pulmonary.		Tuberculosis non-pulmonary.		Other circulatory disease.		Vascular lesions nervous system
	No.	Death rate per 1,000 population.	No.	Death rate per 1,000 population.	No.	Death rate per 1,000 population.	No.	Death rate per 1,000 population.	No.	Death rate per 1,000 population.	No.	Death rate per 1,000 population.	No.
A.—URBAN.													
1. Eston ..	57	1.70	88	2.62	37	1.10	4	.12	3	.09	18	.54	47
2. Guisborough ..	16	1.77	43	4.76	15	1.66	1	.11	2	.22	..	..	9
3. Loftus ..	11	1.45	10	1.32	13	1.71	1	.13	..	..	1	.13	17
4. Malton ..	5	1.21	20	4.84	5	1.21	..	..	..	..	2	.48	9
5. Northallerton ..	12	2.03	23	3.89	3	.51	2	.34	..	..	6	1.01	11
6. Pickering ..	9	2.09	17	3.95	3	.70	..	..	..	..	4	.93	13
7. Redcar ..	55	2.00	121	4.40	15	.55	7	.25	..	..	11	.40	38
8. Richmond ..	11	1.68	19	2.90	8	1.22	..	..	..	..	3	.46	7
9. Saltburn and Marske	13	1.50	42	4.86	9	1.04	1	.12	..	..	4	.46	16
10. Scalby ..	11	1.78	27	4.36	4	.65	..	..	..	..	3	.48	12
11. Scarborough ..	126	2.90	298	6.86	29	.67	4	.09	..	..	15	.35	90
12. Skelton & Brotton ..	30	2.34	38	2.97	12	.94	4	.31	1	.08	9	.70	28
13. Thornaby-on-Tees ..	51	2.14	53	2.22	25	1.05	3	.13	2	.08	6	.25	36
14. Whitby ..	35	3.08	84	7.38	18	1.58	..	..	..	..	..	..	47
Total Urban ..	442	2.16	883	4.31	196	.96	27	.13	8	.04	82	.40	380
B.—RURAL.													
1. Aysgarth ..	9	2.59	20	5.76	5	1.44	..	..	..	..	..	..	11
2. Bedale ..	11	1.34	24	2.93	3	.37	..	..	2	.24	3	.37	10
3. Croft ..	1	.39	7	2.73	2	.78	..	..	..	..	4	1.56	2
4. Easingwold ..	15	1.20	45	3.59	7	.56	..	..	..	..	5	.40	21
5. Flaxton ..	31	1.59	108	5.55	23	1.18	4	.21	2	.10	13	.67	22
6. Helmsley ..	8	1.47	13	2.40	3	.55	1	.18	..	..	2	.37	8
7. Kirbymoorside ..	12	2.48	18	3.72	5	1.03	..	..	1	.21	8	1.65	13
8. Leyburn ..	12	1.86	27	4.18	4	.62	..	..	..	..	3	.46	9
9. Malton ..	8	1.43	24	4.29	5	.89	1	.18	..	..	2	.36	12
10. Masham ..	2	1.22	6	3.65	1	.61	..	..	..	..	3	1.82	4
11. Northallerton ..	14	1.65	32	3.77	8	.94	..	..	..	..	4	.47	13
12. Pickering ..	9	1.77	25	4.92	4	.79	..	..	..	..	6	1.18	7
13. Reeth ..	8	3.97	13	6.45	1	.50	..	..	..	..	..	..	5
14. Richmond ..	16	.57	47	1.68	14	.50	2	.07	..	..	3	.11	16
15. Scarborough ..	17	2.08	35	4.27	4	.49	..	..	..	..	1	.12	11
16. Startforth ..	8	1.64	18	3.69	3	.62	2	.41	..	..	6	1.23	6
17. Stokesley ..	29	1.66	45	2.58	18	1.03	4	.23	..	..	11	.63	34
18. Thirsk ..	18	1.32	59	4.32	5	.37	1	.07	1	.07	4	.29	20
19. Wath ..	4	1.14	10	2.86	3	.86	..	..	1	.29	..	..	4
20. Whitby ..	22	1.86	71	5.99	9	.76	..	..	2	.17	8	.68	27
Total Rural ..	254	1.47	647	3.73	127	.73	15	.09	9	.05	86	.50	255
Administrative County ..	696	1.84	1530	4.05	323	.85	42	.11	17	.04	168	.44	635

TABLE 5.

Number of Deaths from certain Diseases in each District during 1953.

DISTRICT.	Pulmonary tuberculosis.				Other tuberculosis.				All tuberculosis.				Influenza.		Bronchitis and other respiratory diseases.	
	Primary Notifications.	Deaths.	Notification-rate per 100 deaths.	Death-rate per 1,000 population.	Primary Notifications.	Deaths.	Notification-rate per 100 deaths.	Death-rate per 1,000 population.	Primary Notifications.	Deaths.	Notification-rate per 100 deaths.	Death-rate per 1,000 population.	Deaths.	Death-rate per 1,000 population.	Deaths.	Death-rate per 1,000 population.
A.—URBAN.																
1. Eston	47	4	1175.0	.12	5	3	166.7	.09	52	7	742.9	.21	1	.03	14	.42
2. Guisborough .. ..	..	1	..	.11	..	2	..	.22	..	3	..	.33	..	..	11	1.22
3. Loftus .. ..	..	1	..	.13	..	..	..	..	..	1	..	.13	1	.13	7	.92
4. Malton .. ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	4	.97
5. Northallerton	6	2	300.0	.34	1	..	..	..	7	2	350.0	.34	..	..	1	.17
6. Pickering .. ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	.23
7. Redcar	35	7	500.0	.25	7	..	..	..	42	7	600.0	.25	1	.04	7	.25
8. Richmond	4	..	..	..	..	..	..	..	4	..	..	..	..	..	7	1.07
9. Saltburn and Marske	3	1	300.0	.12	2	..	..	..	5	1	500.0	.12	..	..	5	.58
10. Scalby	2	..	..	..	..	..	..	..	2	..	..	..	1	.16	1	.16
11. Scarborough	29	4	725.0	.09	4	..	..	..	33	4	825.0	.09	2	.05	17	.39
12. Skelton and Brotton .. ..	..	4	..	.31	..	1	..	.08	..	5	..	.39	..	..	7	.55
13. Thornaby-on-Tees	27	3	900.0	.13	2	2	100.0	.08	29	5	580.0	.21	3	.13	10	.42
14. Whitby .. ..	..	..	..	..	..	..	..	..	..	..	..	..	1	.09	8	.70
Total Urban	153	27	566.7	.13	21	8	262.5	.04	174	35	497.1	.17	10	.05	100	.49
B.—RURAL.																
1. Aysgarth	5	..	..	..	..	..	..	.24	5	..	..	..	1	.29	2	.58
2. Bedale	5	..	..	..	..	2	..	..	5	2	250.0	.24	..	..	2	.24
3. Croft .. ..	..	..	..	..	..	..	..	..	..	..	..	..	1	.39	1	.39
4. Easingwold	7	..	..	..	..	..	..	..	7	..	..	..	..	..	3	.24
5. Flaxton	7	4	175.0	.21	4	2	200.0	.10	11	6	183.3	.30	4	.21	14	.72
6. Helmsley .. ..	..	1	..	.18	..	..	..	..	..	1	..	.18	..	..	1	.18
7. Kirbymoorside	2	..	..	..	1	1	100.0	.21	3	1	300.0	.21	..	..	4	.83
8. Leyburn	2	..	..	..	..	..	..	..	2	..	..	..	..	..	2	.31
9. Malton	1	1	100.0	.18	..	..	..	..	1	1	100.0	.18	..	..	2	.36
10. Masham .. ..	..	..	..	..	..	..	..	..	..	..	..	..	1	.61	..	..
11. Northallerton	4	..	..	..	..	..	..	..	4	..	..	..	..	..	5	.59
12. Pickering	1	..	..	..	..	..	..	..	1	..	..	..	1	.20	2	.39
13. Reeth .. ..	..	..	..	..	2	..	..	..	2	..	..	..	1	.50	1	.50
14. Richmond	15	2	750.0	.07	3	..	..	..	18	2	900.0	.07	2	.07	5	.18
15. Scarborough	3	..	..	..	1	..	..	..	4	..	..	..	..	..	2	.24
16. Startforth .. ..	..	2	..	.41	..	..	..	..	..	2	..	.41	2	.41	3	.62
17. Stokesley	17	4	425.0	.23	2	..	..	..	19	4	475.0	.23	6	.34	9	.52
18. Thirsk	7	1	700.0	.07	1	1	100.0	.07	8	2	400.0	.15	..	..	2	.15
19. Wath	1	..	..	..	..	1	..	.29	1	1	100.0	.29	..	..	2	.57
20. Whitby	1	..	..	..	..	2	..	.17	1	2	50.0	.17	1	.08	3	.25
Total Rural	78	15	520.0	.09	14	9	155.6	.05	92	24	383.3	.14	20	.12	65	.38
Administrative County	231	42	550.0	.11	35	17	205.9	.04	266	59	450.8	.16	30	.08	165	.44

TABLE 6.

Number of Deaths from certain Diseases in each District during 1953.

DISTRICT.	Pregnancy, childbirth, abortion.		Congenital malformations,	
	Deaths	Death-rate per 1,000 births.	Deaths	Death-rate per 1,000 births.
A.—URBAN				
1. Eston ..	1	1.41	2	2.82
2. Guisborough
3. Loftus
4. Malton
5. Northallerton	1	10.00
6. Pickering	1	18.87
7. Redcar	3	6.59
8. Richmond
9. Saltburn and Marske
10. Scalby
11. Scarborough	1	1.82
12. Skelton and Brotton	1	5.13
13. Thornaby-on-Tees	6	12.55
14. Whitby
Total Urban ..	1	.30	15	4.46
B.—RURAL.				
1. Aysgarth
2. Bedale
3. Croft	1	17.54
4. Easingwold	1	5.08
5. Flaxton	2	6.90
6. Helmsley	1	14.49
7. Kirbymoorside
8. Leyburn	4	37.74
9. Malton
10. Masham
11. Northallerton	1	7.63
12. Pickering
13. Reeth
14. Richmond ..	1	2.14	2	4.28
15. Scarborough
16. Startforth
17. Stokesley
18. Thirsk
19. Wath
20. Whitby
Total Rural ..	1	.36	12	4.34
Administrative County ..	2	.33	27	4.41

TABLE 9.—DEATHS, with their causes, in each District during 1953.

[illegible]

